L09000074365

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Ćertificates	s of Status
Special Instructions to	Filing Officer:	
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March 23, 2017

DEREK VIERRA 14328 NW 161 AVE ALACHUA, FL 32615

SUBJECT: SARAH VIERRA SALON, LLC

Ref. Number: L09000074365

We have received your document for SARAH VIERRA SALON, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 517A00005611

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SARAH VIERRA SALON LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)	
The Articles of Organization for this Limited leads of Organization for the Organization for the Organization for this Limited leads of Organization for the Organ	Liability Company	were filed on $\frac{8/3/2009}{}$		and assigned
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
SBY INVESTMENTS LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "L	LC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		14328 NW 161ST AVE		
		ALACHUA, FL 32615		
Enter new mailing address, if applicable:) Constant	17
(Mailing address MAY BE A POST OFFICE	E BOX)			20
				O
			in,	2 20 Mg
B. If amending the registered agent and registered agent and/or the new registered			rds, enter the	name of the
Name of New Registered Agent:	DEREK VIER	RA		
New Registered Office Address:	14328 NW 161	IST AVE		
, ton trogunated or too tradition.	,,	Enter Florida street add	lress	
	ALACHUA		Florida 32615	
	***	City	7	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
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Filing Fee: \$25.00