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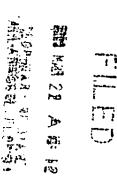
(Red	questor's Name)	
(Ådd	dress)	_
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor		*		
SUBJE		STRUCTION LLC			
SOBJE	CI:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter	_		
		STEVEN COWAN			
			Name of Person		
		SBC CONSTRUCTION L	LC		
			Firm/Company		
		5953 HAITI DR			
			Address		
		NAPLES FL 34113			
			City/State and Zip Code		
		STEVE@BUILTBYSBC.C			
			to be used for future annual t	eport notification	1)
For furt	her information o	oncerning this matter, please c	all:		
STEVE	N COWAN		239 825	-6954	
	Name o	f Person		Daytime Telep	phone Number
Enclose	d is a check for th	ne following amount:			
■ \$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Ad		
	Registration S Division of C			ition Section of Corporat	ions
	P.O. Box 632			itre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Limbility Compa	ny as it now appears on our re	cords.)
(Name of the Limited Linbility Compa (A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L10000018753	were filed on 02/18/2010	and assigned
This amendment is submitted to amend the following:		72
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5953 HAITI DR	
(Principal office address MUST BE A STREET ADDRESS)	NAPLES FL 34113	
Enter new mailing address, if applicable:	4915 RATTLESNAKE HA	AMMOCK RD
(Mailing address MAY BE A POST OFFICE BOX)	UNIT #149	
(making dauress MA) BEA (USI OF ICE BOA)	NAPLES FL 341113	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>er</u> Enter Florida street ad	
		, Florida
	City	Zip Code

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

CDC CONCEDITORION LLC

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:

or remo	vea irom our recoras:		
MGR =	Manager		
AMBR =	= Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		. .	🖸 Remove
			□Change
 			□Add
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n effecti <u>ite:</u> If i	date, if other than the date of filing:	.0207 (3)(b ed as the
ecord spirits filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
	APRIC 15TH 2020.	
ted		
ted	fle	
ted	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00