L10000040738

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SECRETARY OF STATE PLORID.

S. HAWKES

MAY 0 4 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	SW&I	OB R.P. LLC			
SUBJECT:		ted Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
	 	Daniel W. Barton	,		
		Name of Person			
		Firm/Company			
		2606 Grace Dr.			
		Address			
	For	Fort Lauderdale, Fl. 33316			
,		City/State and Zip Code			
danielwbarton@gmail.com E-mail address: (to be used for future annual report notification)			tion)		
For further information	concerning this matter, please c	all:			
Da	niel W. Barton	at (954) 70	09.5418		
Name of Person		at (954) 70 Area Code & Daytime T	elephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SADB R.P. LLC	
(<u>Name of the Limited Liabh</u> (A Florid	lity Company as it now appe la Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Florida document numberL10000040738	Company were filed on	April 15th, 2010 and assigned
This amendment is submitted to amend the following:		ere:
A. If amending name, enter the new name of the li	imited liability company he	ere:
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	E	nter Florida street address
		, Florida
	City	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager, or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address** Type of Action <u>Name</u> MGR Daniel W. Barton 2606 Grace Dr. Fort Lauderdale, Fl. 33316 Suzanne Barton MGR 2606 Grace Dr. Fort Lauderdale, FL 33316 MGRM Daniel W. Barton 2606 Grace Dr. Remove Fort Lauderdale FL 33316 ☐ Add Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 29th, 2010 Dated Signature of a member or authorized representative of a member Daniel W. Barton Typed or printed name of signee

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Filing Fee: \$25.00