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(F	Requestor's Name)			
<u> </u>	Address)				
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SECRETARY OF STATE

D. BRUCE

OCT 20 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation						
SUBJECT: Sq	DBP.R.LLC Name of Limited Liability Company					
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.					
Please return all corresponde	ence concerning this matter to the following:					
	MICHAEL 6 HENRY Name of Person					
-	Firm/Company					
	15009 SW 13 CT					
-	SUNRISE, FL 33326 City/State and Zip Code					
-	E-mail address: (to be used for future annual report notification)					
MICHAEL Name of Po	cerning this matter, please call: Compared to the property of					
Enclosed is a check for the f	ollowing amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Scertificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

S4DB	, P.R.L	LC			
(Name of the Limited (A	Liability Company a Florida Limited Liabi	s it now appears lity Company)	on our records.)		
The Articles of Organization for this Limited Lis Florida document number <u>レノつ〇〇〇</u>		rc filed on <u></u>	196/2010	and assig	ned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability	company here:	:		
The new name must be distinguishable and end with "L.L.C."	n the words "Limited	Liability Compan	y," the designation	"LLC" or the ab	oreviation
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREET ADDRESS)					
				AHA A	
				33SS 787 6 1	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·	<u> </u>	Щ
				<u>18</u> <u>18</u> <u>18</u> <u>18</u> <u>18</u> <u>18</u> <u>18</u> <u>18</u>	<u> </u>
				Drn O	
B. If amending the registered agent and/oregistered agent and/or the new registered off		address on ou	ar records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	MICHAL- 15009 SUNRI	L 6 +	HENRY		
New Registered Office Address:	15009	5.m B	cT.	··-	
_		Ente	r Florida street aa	ldress	
	SUPPRI	Si=	, Florida _	<u>3332(</u>	<u> </u>
	C	ity		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 confirmation the fimited 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title.	<u>Name</u>	Address	Type of Action
MGRM	DANIEL W BARTOWI	2606 GRACE DR FORTLANDERDALE FL 33316	Add Remove
M <u>GRH</u>	MICHHEL GHENRY	15009 5W 13 CT SUNRICE FL 33326	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
4	IEWMAILING ADI)2 <i>ES</i> S:	
	MICHAEL 6 HE	NRY	8
		CT SUNRISE FL 3	
-		OR	T D TAILE
Dated	Signature of a member of	or authorized representative of a member	
	DANIEL W.	BARTON	
		r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00