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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SB3 Holdings LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Samuel Barber III Name of Person
Firm/Company
115 Lake Pine Cir Apt B-2
City/State and Zip Code  Sambarby 3 @ a Mail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samuel Barber III at (561) 350 - 5049  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	0.	T %
SB3 Holding	S LLC  lity Company as it now appears on our records.) da Limited Liability Company)	ELAHAYSEE F
(Name of the Limited Liabi	lity Company as it now appears on our records.)	(0) N
	,	
The Articles of Organization for this Limited Liability Florida document numberL   00001315	Company were filed on <u>4/26/27</u>	PH and assigned 32
This amendment is submitted to amend the following:		ν
A. If amending name, enter the new name of the lin	nited liability company here:	
5B3 Properties LL The new name must be distinguishable and contain the words "Li		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	<del></del>	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Training the contract of the c	· · · · · · · · · · · · · · · · · · ·	
		<del></del>
B. If amending the registered agent and/or register		me of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
	<del></del>		🗆 Add
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'an effe <u>lote:</u> l	ve date, if other than the date of filing: 4/26/22 (optional) extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	05.0207 sted as
ocume	ent's effective date on the Department of State's records.	
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted.	er the
l is file	ed.	
l is file	April 26+h , 2022	
is file	April 26+h , 2022	
d is file	ed.	