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JUN 23 2011

**EXAMINER** 



300209098233

06/22/11--01005--008 \*\*25.00

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SECRETARY OF STATE
AND THE AREA OF THE AREA OF

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: 5BS HULTISERVICES 4C  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:			
STEVENS BOTERO			
Name of Person			
STEVENS BOTERO  Name of Person  SBS HULTISERVICES LLC  Firm/Company			
14071 LACICALA REACH CIR			
14871 LAGUNA BEACH CIR			
OR(ANDO; FC; 32824			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
STEVENS BOTERO at (40) 922-43/0  Name of Person Area Code & Daytime Telephone Number			
Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$\$\$\$\$\$ (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**

SBS EXPORT AND	IMPORT: LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)	···	
The Articles of Organization for this Limited Liability Company Florida document number (2/1/00002)53)	were filed on 3/7/20//	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab  SBS HUCTISERVICES.  The new name must be distinguishable and end with the words "Limited liab."	;	'LLC" or the abbreviation	
"L.L.C."  Enter new principal offices address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRESS)	,		
Enter new mailing address, if applicable:	N/A	N 22 A	
(Mailing address MAY BE A POST OFFICE BOX)		2 <b>9 1</b>	
		27	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new	
Name of New Registered Agent:	NA		
New Registered Office Address:	N / H Enter Florida street aa	ldress	
	, 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 Type of Action **Title Address** <u>Name</u> ☐ Add Remove Add Remove ☐ Add ☐ Remove Add Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUN Signature of a member or authorized representative of a member Strucy Botelo
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00