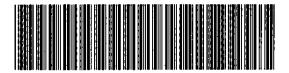
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EXAMINER



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08/26/11--01012--030 **25.00

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: SB ASSET MANAGEMENT, LLC Name of Limited Liability Company							
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:							
FRANCES B. BRUGAL Name of Person							
SB ASSET MANAGEMENT, LLL Firm/Company							
3046 SW 27TH AVE Address							
City/State and Zip Code BRANDON @ SBASSETMANAGEMENT. LOW E-mail address: (10 be used for future annual report notification)							
BRANDON @ SBASS ETMANAGEMENT. LO ** E-mail address to be used for future annual report notification)							
For further information concerning this matter, please call:							
Francis Brandon Brugger at (305) 491-3537 Name of Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \text{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

Name of the Limited 1 (A)	HOAGEMEN Liability Company as	s it now appears on our	records.)		
The Articles of Organization for this Limited Lia	bility Company wer			and as	signed
This amendment is submitted to amend the follow	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."		iability Company," the	designation "	LLC" or the	abbreviatio
Enter new principal offices address, if applica (Principal office address MUST BE A STREET					
2 - Weepas office was ess Medi Ban biller	<u> </u>				~
Enter new mailing address, if applicable:	_			626 P	Managanan Maranan Maranan
(Mailing address MAY BE A POST OFFICE BOX)				7 × ×	1777
	<u></u>	·· ·		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
B. If amending the registered agent and/or registered agent and/or the new registered offi		address on our reco	ords, <u>enter</u>	the name o	of the nev
Name of New Registered Agent:	FRANCES	S BIVANDON	- 8RU	GAL	
New Registered Office Address:	3046 SW	27th AVE	e da street add	duana	
	MT 0 7				"
	M IAM I	ty	, Florida	Zip Code	y

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 **Title** Name | **Address Type of Action** MGRM WILLIAM W. SMITH 630 VASSAR STREET ☐ Add Remove ☐ Add ☐ Remove Remove Add Remove \square Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August 24 Signature of a member or authorized representative of a member BRANDON BRUGAL
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00