

L11000097169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

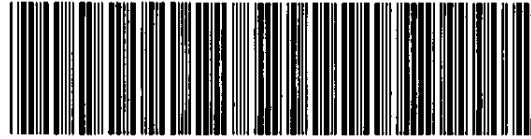
(Business Entity Name)

(Document Number)

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SECTION 14 OF STATE  
TALLAHASSEE, FLORIDA

↓ 6th Floor MAY 29 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALFAHAUS 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:

Andrew Plausky  
Name of Person

SBGI LLC  
Firm/Company

19370 Collins Ave #C-803  
Address

Sunny Isles FL 33160  
City/State and Zip Code

universal.business.group@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Plausky at (305) 735-2089  
Name of Person Area Code Daytime Telephone 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**

**ALFAHAUS LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/24/2011 and assigned  
Florida document number L11000097169.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**OBIS COMPANY LLC**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name 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

City, Florida

FILED  
14 MAY 21 PM 12:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 12, 2014

[Signature]  
Signature of a member or authorized representative of a member  
Andrew Plavsky, Mgr, SBG LLC  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 MAY 21 PM 12:50  
ST. CLAIR COUNTY, FLORIDA  
60

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

ALFAHAUS LLC

**Filing Information**

**Document Number** L11000097169  
**FE/EIN Number** 36-4708062  
**Date Filed** 08/24/2011  
**State** FL  
**Status** ACTIVE

**Principal Address**

17100 COLLINS AVENUE - SUITE 209  
SUNNY ISLES BEACH, FL 33160

Changed: 04/18/2014

**Mailing Address**

19370 COLLINS AVE  
C-803  
SUNNY ISLES BEACH, FL 33160

Changed: 04/30/2013

**Registered Agent Name & Address**

SBG ILLC  
17100 COLLINS AVENUE - SUITE 209  
SUNNY ISLES BEACH, FL 33160

Address Changed: 04/18/2014

**Authorized Person(s) Detail****Name & Address**

Title MGR

UDYRYS, JAN  
17100 COLLINS AVENUE - SUITE 209  
SUNNY ISLES BEACH, FL 33160

Title MGR

SBG ILLC  
17100 COLLINS AVENUE - SUITE 209  
SUNNY ISLES BEACH, FL 33160

**Annual Reports**

Report Year	Filed Date
2012	04/30/2012
2013	04/30/2013
2014	04/18/2014

**Document Images**

<a href="#">04/18/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/24/2011 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>

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