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COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: SBG Pasco 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:

Stephen Finelli

Name of Person

SBG Pasco LLC

Firm/Company

235 Apollo Beach Blvd #426

Address

Apollo Beach, FL 33572

City/State and Zip Code

steve@stackedburgers.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Finelli

_{**},727₈04-3860

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

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears or a Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number L12000131097	Company were filed on Octob	er 15, 2012 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)	(S) = provide		
		(T) (TA)		
Enter new mailing address, if applicable:		# * 2		
(Mailing address MAY BE A POST OFFICE BOX)		****		
<u> </u>				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter	Florida street address		
		, 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, <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

<u>Name</u>	Address 1	ype of Action
KirstenYocom	235 Apollo Beach Blvd	Add
	#426	Remove
	Apollo Beach, FL 33572	_
····		Add
	· · · · · · · · · · · · · · · · · · ·	Remove
		-
		Add
		Remove
	ر الراق ا	15 PH
	Gir F:	Add
		Remove
		Add
		Remove
		Add
		Remove
		KirstenYocom #426 Apollo Beach, FL 33572

amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
·	
-	
November 13th	2012
1	
Attent	521. (1)
Signature	e of a member or authorized representative of a member
Stephen A Finelli	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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