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JUL 2 5 2019

#### TO: Registration Section Division of Corporations

OFFICE 401, LLC

SUBJECT:

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Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**IRIS ARCIA** 

Name of Person

OFFICE 401, LLC

Firm/Company

6735 CONROY WINDERMERE ROAD, SUITE 401

Address

ORLANDO, FLORIDA 32835

City/State and Zip Code IARCIA@SBENERGYHOLDINGS.COM

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

For further information concerning this matter, please call:

**IRIS ARCIA** 

Name of Person

863 at (\_\_\_\_\_) Area Code

Tode Daytime Telephone Number

229-1081

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 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

OFFICE 401, LLC		
( <u>Name of the Limited 1</u> (A F	.iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on NOVEMBER 13, 2012	and assigned
Florida document number L12000143015		<u>Ze</u> , 1
This amendment is submitted to amend the following	ng:	3 -
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:	Γ.) 
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	1DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY <u>BE A POST OFFICE</u> BO	×)	
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		iter the name of the ne
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:

1

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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, <u>enter the title, name, and address of each person being a</u> or removed from our records:

# MGR = Manager

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	· · ·	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
MBR	SYBAC HOLDINGS, LLC	6735 CONROY WINDERMERE ROAD	🗆 Add
	<u>.</u>	SUITE 401	
			Remove
		ORLANDO. FLORIDA 32835	
		·····	Change
			🛛 Add
			Remove
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			🖸 Add
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## E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated
Signature of a member or authorized representative of a member
BENJAMIN W. HARDIN, JR.
Typed or printed name of signee

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Page 3 of 3

Filing Fee: \$25.00