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(Req	uestor's Name)	
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Name Change

## **COVER LETTER**

	Registration Sec Division of Corp				
SUBJEC	SBC HOLD				
SOBJEC	· · ·	Name of Lim	ited Liability Company		
The enclo	osed Articles of A	amendment and fee(s) are sub	mitted for tiling.		
Please ret	turn all correspon	dence concerning this matter	to the following:		
		CHRISTOPHER ESSER			
		<del>Land W</del>	Name of Person		
		SBC HOLDINGS, LLC			
	Firm/Company				
		400 S. SANFORD AVE.			
			Address	<del></del>	
		SANFORD, FL 32771			
		CHRISTOPHER.ESSER@	City/State and Zip Code SANFORDBREWING.COM		
		E-mail address: (	to be used for future annual report notification	)	i
For furthe	er information co	ncerning this matter, please c	all:	,	::
CHRIST	OPHER ESSER		407 619-0458  at () Daytime Telep		
Enclosed	Name of is a check for the	Person  e following amount:	Area Code Daytime Telep	hone Number 50 17	STAIC
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

SBC HOLDINGS, 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 Companies Florida document number <u>L14000060476</u> .	y were filed on <u>04/11/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
SBC SANFORD, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" 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 registered agent and/or the new registered office address he  Name of New Registered Agent:	<u>re</u> :	
New Registered Office Address:	Enter Florida street add	lress
	Cuy	FloridaZip Code
New Registered Agent's Signature, if changing Registered Agen	<u>::</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is
If Chi	anging Registered Agent, <u>Signatu</u>	re of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
_ <del></del>			Add
			Remove
			Change
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	()// hr.	- Ello						
		Signature o	of a member or	authorized rep	esentative of a n	nember		_

Page 3 of 3

Filing Fee: \$25.00