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ТО:		istration Secti sion of Corpo					
eno ir	CT.	SBWG, LLC					
SUBJE	CI.		Name of Lim	ited Liability Company		 	
The enc	dosed	Articles of Ar	nendment and fee(s) are sub	mitted for filing.			
Please r	etum	all correspond	ence concerning this matter	to the following.			
			Sherry Brooks				
				Name of Person	 		
			Talley Law Group, LLP				
•				Firm/Company			
			600 City Parkway West, S	te 650			
				Address			
			Orange, CA 92868				
				City/State and Zip Co	le		
			sbrooks@talleynco.com				
		•	E-mail address: (to be used for future annu	al report notification)	-	
For furth	her in	formation con-	cerning this matter, please ca	all:			运
Sherry	Brool	KS		714 at ()	867-2200		00T 18
		Name of Po	rison	Area Code	Daytime Teleph	one Number	$\frac{1}{\infty}$
Enclose	d is a	check for the f	following amount:				1 8: 2
\$25.	iit 00,	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fe Certified Copy radditional copy is		l \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	

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

SBWG, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on October 8, 2014	and assigned
Florida document number L14000156818		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	c/o 106 W 74th Street, New York, N	Y 10023
cipal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		8 52
(Mailing address MAY BE A POST OFFICE BOX)		
		8 報告
		71F 110 27
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>ent</u> <u>c</u> :	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cuy	Zip Cock

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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Hamending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Olga Bobrovskaya		
		e/o 106 W 74th Street, New York, NY 10023	₽ Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			☐ Remove
			□ Change
			
			☐ Remove
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			□ Change

	
	
Effective date, if other than the offen effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Dep	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 ook does not meet the applicable statutory filing requirements, this date will not be listed as
ne record specifies a delayed The 90th day after the reco	l effective date, but not an effective time, at 12:01 a.m. on the earlier of ord is filed.
Dated October 17	Inle J. Jihnen
	1-6.0 1 1:0
S	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00