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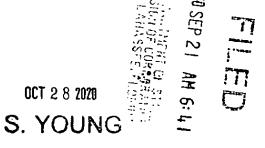
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COVER LETTER

TO:

Registration Section

Division of Corporations				
	E BUSINESS GROUP, LLC	,	•	
SUBJECT:	Name of Lim	ited Liability Company	···········	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	KONRAD M ROWE, SR.			
		Name of Person		
	THE SABLE BUSINESS	GROUP, LLC		
		Firm/Company		
	2645 EXECUTIVE PARK	DRIVE, SUITE 658		
		Address		
	WESTON, FL 33331			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	reg-agent@sablebusinessgr	oup.com to be used for future annual report no	tification)	
Ear further information of	oncerning this matter, please c		mreation)	
	- ,	aii.		
KONRAD M ROWE, SF	₹. 	954 835-4153 at ()		
Name of	'Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for th	e 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 S	Section	Street Address: Registration S		
Division of Corporations P.O. Box 6327		Division of Co The Centre of	•	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SABLE BUSINESS GROUP, 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 $\frac{01/29/2016}{1}$ Florida document number L16000020907 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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 Florida

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR ROWE, KONRAD M. SR.	2645 EXECUTIVE PARK DRIVE	□ Add	
		SUITE 658	
		WESTON, FL 33331	≣ Change
			□Add
		□Remove	
			Change
		□ Add	
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		□Change	
		□Add	
			□Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Note: If 1	date, if other than the date of filing:
e record s rd is filed.	becifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	<u>9/15</u> , <u>2020</u> .
	Signature of a member or authorized representative of a member
	KONRAD M ROWE, SR.
	Typed or printed name of signce

Filing Fee: \$25.00