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Office Use Only



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COVER LETTER

TO:		istration Se sion of Cor		•	
CI ID IE		SB Equity F	Properties		
SUBJE	CI:		Name of Lim	ited Liability Company	··········
The enc	losed	Articles of	Amendment and fee(s) are sub	mitted for filing	
			ndence concerning this matter	_	
			Steven E Blair		
				Name of Person	
			SB Equity Properties		
			 	Firm/Company	
			6306 Gibson Dr		
				Address	
			Belle Isle, FL 32809		
				City/State and Zip Code	
			goblair1@yahoo.com	to be used for future annual report notifi	(cation)
For first	her in	formation ci	oncerning this matter, please ca		Cattony
		iorniation co	oncerning this matter, please ea	•	
Steve Blair				at () 519-0212	
		Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a	check for th	e following amount:		
■ \$2 5	.00 Fi	ling 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)
		Registra Division P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations ater Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SB Equity Property, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our re a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability (Company were filed on 3/10/2016	and assigned
Florida document number L16000050396	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
SB Equity Properties, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "	
Enter new principal offices address, if applicable:		
• •	DECO:	
Principal office address MUST BE A STREET ADDI	KESS)	77 7
		
		S = S
Enter new mailing address, if applicable:		REAL S
Mailing address MAY BE A POST OFFICE BOX)		0 -
muning dadress MAT BEATOST OFFICE BOAT		
3. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the
•		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
	The state of the s	, 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 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, enter the title, name, and address of each person being added or removed from our records:

	Name	Address	Type of Action
			Add
			Remove
		***	☐ Change
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			☐ Add
			□ Remove
			☐ Change
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ective date, if other than effective date is listed, the date e: If the date inserted in this	must be specific and cannot block does not meet the	ot be prior to date of fi he applicable statut	ling or more than 90) Pursuant to 605.02
ument's effective date on th	e Department of State s	records.			
record specifies a dela ne 90th day after the		but not an effe	ective time, at	12:01 a.m. ALC	ਰੱ
ed 3/16	, 20			RETAR AHASS	HAR 17
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	AV	121		그 무	= []
	Signature of a member	er or authorized repre	sentative of a memb	OF STATE	

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Filing Fee: \$25.00