L16000092126

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	ision of Cor		esp.		
SUBJECT:	SFB of Nor	thwest Florida, LLC			
Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
	-	Thomas M. Bizzell			
		**************************************	Name of Person		
		SFB of Northwest Florida,	LLC		
			Firm/Company		
		3250 W. Navy Blvd., Suite	e 100		
			Address		
		Pensacola, FL 32505			
			City/State and Zip Code		
		bng@cpabizzness.com			
		E-mail address: (to be used for future annual report notifi	cation)	
For further in	nformation co	oncerning this matter, please ca	all:		
Thomas M.	Bizzell		850 434-5574 at ()		
	Name o	f Person		Telephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 F	iling 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 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

SFB of Northwest Florida, LLC		
(Name of the Limited I (A I	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on 5/11/16	and assigned
Florida document number L16000092126	 ·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	<u> 16</u>
(Principal office address MUST BE A STREET A	DDRESS)	S A T
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	μ :: :: ω
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> <u>address here</u> :	the name of the nev
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:

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas M. Bizzell	P.O. Box 12346	
		Pensacola, FL 32591	□ Remove
			Change
MGR	Thomas B. Carter	2660 Cawdor Ct.	
		Pensacola, FL 32503	Remove
			■ Change
			Add
			□ Remove
			□ Change
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E. Effect	ive date, if other than the date of filing: (optional)	
(If an efi	ective 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	.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ent's effective date on the Department of State's records.	ed as
f the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er o
	90th day after the record is filed.	
	N 1 20	
Dated	November 29 2016	
	A heill	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00