L16 000 115587

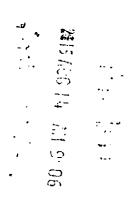
(Requesto	r's Name)
(Address)	
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COVER LETTER

TO:	Registration Sec Division of Corp		*	. .
SUBJ	ECT:	SBL REALTY Name of Lim	GROUP LLC	· • • • • • • • • • • • • • • • • • • •
The en	iclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Ro	BERT PAILES Name of Person	
		SBL	REALTY GROV	PLLC
		P.o	D. BOX 111	
			Address	
		SAN (BEL, FL 3395 City/State and Zip Code es o ml. Com to be used for future annual report notice	7
		E-mail address: (to be used for future annual report notice	fication)
For fur		ncerning this matter, please ca	all:	
	Robert	PALLES	at (239) 69/-	2265
	Name of	Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for the	e following amount:		
▼ \$2	5.00 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 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

TO ARTICLES OF ORGANIZATION OF

SBL REAL	TY GROP, LIC
(Name of the Limited Liability Com (A Florida Limite	apsny as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number L \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny were filed on $\sqrt{6 \int (5 \int 16)}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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:	P.O. BOX 111
(Mailing address MAY BE A POST OFFICE BOX)	SANBEL, FL 33957
registered agent and/or the new registered office address he	The Day of the Control of the Contro
Name of New Registered Agent:	20BERT PAILES
New Registered Office Address:	
	Enter Florida street address Florida City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	is provided for in Chapter 605, F.S. Or, if this document is

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Robert Pailes	7 W BRAMAN CT	Add
		7 W BRAMAN CT Ft. Myers FL 33901	Remove
			Change
			D Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			D Add
			□ Remove
			Change
			Add
			Remove
			□ Change

Effective date, if other than the date of filing: (If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.
Dated 8/12/19
Signature of a member or authorized representative of a member
\mathcal{J}
Kelly Halle Typed or printed name of signee

· . . .

E.

Page 3 of 3

Filing Fee: \$25.00