

L16000126395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

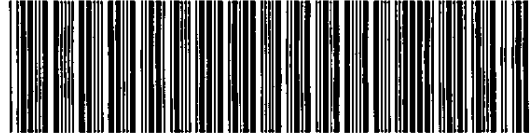
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AUG 03 2016

S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 15 PM 3:10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 JUL 29 PM 2:51

July 19, 2016

MAXIMO R ESPINOZA
MCCOY & ESPINOZA, PA
15271 NW 60 AVENUE STE 201
MIAMI LAKES, FL 33014

SUBJECT: SB TRUCK PARTS LLC
Ref. Number: L16000126395

We have received your document for SB TRUCK PARTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 016A00014982

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TALLAHASSEE, FLORIDA
16 JUL 15 PM 3:11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SB TRUCK PARTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maximo R. Espinoza

Name of Person

McCoy & Espinoza, P.A.

Firm/Company

15271 NW 60 Ave., Suite 201

Address

Miami Lakes, FL 33014

City/State and Zip Code

mespinoza@mecpac.net

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Maximo R. Espinoza

305 698-9001
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

SB TRUCK PARTS 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 July 1, 2016 and assigned Florida document number L16000126395.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SB ENTERPRISES USA LLC

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)

7875 NW 12 St.

Suite 101

Doral, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7875 NW 12 St.

Suite 101

Doral, FL 33126

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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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Belkys Duran	7875 NW 12 St.	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Doral, FL 33126	<input type="checkbox"/> Change
MGR	Marie Gonzalez	7875 NW 12 St.	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Doral, FL 33126	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NONE

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TALLAHASSEE, FLORIDA

16 JUL 15 PM 3:11

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

07/25/16



Signature of a member or authorized representative of a member

Sonia J. Briceno Guanda

Typed or printed name of signee