Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: GILMAN CIOCIA INC. Account Name

Account Number : I20120000051

Phone

: (305)937-7773

Fax Number

: (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MICKY SBH LLC Certificate of Status Certified Copy Page Count 014 \$25.00 Estimated Charge

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.)	
The Articles of Organization for this Limited Liability Comp. Florida document number L16000146521	pany were filed on 08/05/2016	and assigned
This amendment is submitted to amend the following:	and assigned an	
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 th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>s</u>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		ig A SECR TALL!
(Mailing address MAY BE A POST OFFICE BOX)		5 6 7
Origining under \$55 19741 BL 21 7 On 1 O 1 1 7 C47 D 0 257		200 m
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ter the game of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street uddress	
	. Florida	
	Cuy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MICKY SBH LLC

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
AMBR	TOMER COHEN	3687 NE 195 TER,	
		AVENTURA, FL 33180	■ Remove
			☐ Change
AMBR	YANIV BAR	3687 NE 195 TER	■ Add
		AVENTURA, FL 33180	□ Remove
			☐ Change
			☐ Remove
			☐ Change
	*		FILLANDISSE
			FLORING 19
			Remove
		Change	
			□ Add
			☐ Remove
			☐ Change

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Note: 1	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more than 9 f the date inserted in this block does not meet the applicable stanutory filing require at's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.020 ments, this date will not be listed a	07 (3 18 th
	ord specifies a delayed effective date, but not an effective time, at 00th day after the record is filed.	: 12:01 a.m. on the earlier o	of:
Dated _	UGUST 16 , 2016 ./		

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Typed or printed name of signee

Filing Fee: \$25.00