

L16000146521

From: Anat Yaniv

Fax:

To:

Fax: +1 (850) 6176383

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

2nd Request

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GILMAN CIOCIA INC.
Account Number : 1201200000051
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.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MICKY SBH LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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AUG 30 2016

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 29 A 9:05

FILED

08/24/16 12:25 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICKY SBH 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 _____ and assigned Florida document number L16000146521.

This amendment is submitted to amend the following:

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 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: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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

City

, Florida

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: _____

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29 AUG 05
CLERK OF STATE
TREASURY OF FLORIDA

SECRETARY OF STATE
TAMM HALL
TALLAHASSEE, FLORIDA

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

[illegible]

E. Effective date, if other than the date of filing: 08/23/2016 (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.

(b) The 90th day after the record is filed.

Dated **AUGUST 23** 2016

Signature of a member ~~or~~ authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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2016 JUN 29 A 9:05
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA