L16000190001

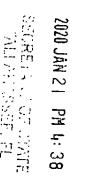
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| | Registration Sec Division of Corp | | | | | |
|----------------|--------------------------------------|--|---|--|--|--|
| SUBJEC | S.B. MANA | GEMENT GROUP LLC | | | | |
| SUBJEC | | Name of Lim | ited Liability Company | | | |
| | | mendment and fee(s) are sub | - | | | |
| Please re | turn all correspon | dence concerning this matter | to the following: | | | |
| | | Sean Bishop | | | | |
| | | | Name of Person | | | |
| | | | Firm/Company | | | |
| | 4102 Bancroft Blvd | | | | | |
| | | | Address | | | |
| | | Orlando FL, 32833 | | | | |
| | | | | | | |
| | | E-mail address: (| to be used for future annual report no | otification) | | |
| For furth | er information co | ncerning this matter, please co | all: | | | |
| Sean Bis | hop | | 407 968-9781 | | | |
| Name of Person | | | Area Code Dayt | ime Telephone Number | | |
| Enclosed | is a check for the | following amount: | | | | |
| □ \$25.0 | 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: | : | Street Address: | | | |

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| S.B. MANAGEMENT GROUP LLC | | |
|---|--|----------------------------|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 10/13/2016 | and assigned |
| lorida document number L16000190001 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | oility company here: | |
| traight Business Media Group LLC | | ≥ 20 |
| the new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" o | or the abbreviationb.L.C." |
| nter new principal offices address, if applicable: | | JAN 2 |
| Principal office address MUST BE A STREET ADDRESS) | | <u> </u> |
| | | 물 무 내 |
| | | |
| nter new mailing address, if applicable: | | 38 |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| . If amending the registered agent and/or registered office gent and/or the new registered office address here: | address on our records, enter th | e name of the new registe |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | ismer i foriga street tataress | |
| | , Flor | |
| | 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> | Name | Address | Type of Action |
|--------------|-------------|---------------------------------------|-----------------|
| MGR | Sean Bishop | 4102 Bancroft Blvd Orlando FL, 32833 | 🗆 Add |
| | | | □Remove |
| | | | ≘ Change |
| | | اب خدر | 200 Add |
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| | | | □ Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Signature of a member or authorized representative of a member Sean Bishop Typed or printed name of signee

Filing Fee: \$25.00