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> SECRETARY OF STATE ALLAHASSEE, FLORID

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COVER LETTER

TO:	Registration S Division of C			
enio i	SB Holdi	ngs of North Florida		
SUBJ	JECT:	Name of Lim	aited Liability Company	
The e	enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please	e return all corresp	oondence concerning this matter	to the following:	
		Stephanie Lunde		
			Name of Person	
		SB Holdings of North Flor	rida	
			Firm/Company	
		400 NW Horizon St		
			Address	
		Lake City, FL 32055		
		** * * * * * * * * * * * * * * * * * *	City/State and Zip Code	
		slunde88@gmail.com		• • • • • • • • • • • • • • • • • • • •
r c	41 . C		to be used for future annual report notif	ication)
ror iu	irtner information	concerning this matter, please concerning the con	all:	
Steph	anie Lunde		386 623-4024 at ()	
	Name	of Person	Arca Code Daytime	Telephone Number
Enclo	sed is a check for	the following amount:		
S \$2	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 Holdings of North Florida		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our re d Liability Company)	cords.)
Γhe Articles of Organization for this Limited Liability Compar	ny were filed on 12/07/2016	and assigned
Florida document number L16000221504		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)	-	
		16 16 EQ
		ARE A
nter new mailing address, if applicable:		Sign N com
Mailing address MAY BE A POST OFFICE BOX)	···	mo 📭 🖘
		S 7
3. If amending the registered agent and/or registered		22 Z
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address he	office address on our reco	ords, enter the name of the ne
egistered agent and/or the new registered office address ne	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	Idress
<u></u>		, 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>	Type of Action
AMBR	Blake N Lunde II	400 NW Horizon St	■ Add
		Lake City, FL 32055	Remove
			Change
AMBR	Stephanie N Lunde II	400 NW Horizon St	
		Lake City, FL 32055	Remove
			Change
			Add
			☐ Remove
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estive data if other than the data of filing:	effective date is listed, the date must be specific and	d cannot be prior to d		90 days after filing.) Purst		
ective date, if other than the date of filing: (optional) 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 605.0			statutory filing requir	ements, this date will n	ot be li	sted a
ective date, if other than the date of filing: 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 605.0 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ument's effective date on the Department of State's records.	•					
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Filing Fee: \$25.00

Typed or printed name of signee