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(Req	uestor's Name)	
(Addi	ress)	
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(City/	State/Zip/Phone	e #)
		MAIL
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(Doct	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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TO: **Registration Section Division of Corporations**

SUBJECT: SBA Consulting LLC

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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:

Suzanne Bell-Antuna Name of Person SBA Consulting LLC Firm/Company

7901 Hispanola Ave. Unit #1006

Address

North Bay Village, FI 33141

City/State and Zip Code

SuzanneFloridamortgage@gmail.com

2023 NOA - 3 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>954</u>) <u>254-6078</u> Area Code <u>Daytim</u> Suzanne Bell-Antuna 매니 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: Ð ☑ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.

Certificate of Status

Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **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

SBA Consulting LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of (Organization for this Limited	Liability Company were filed on	03/03/2017	_and assigned
	. 117000050656			

Florida document number L17000050656

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>

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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 addi	ress
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Manuel Antuna	7901 Hispanola Ave, Unit #1006 North Bay Vilage, FT 33141	_ 🛛 Add
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### 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: 10/26/2023

(optional)

(It 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) <u>Note:</u> 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 October 26th	. 2023	- MM/	
Suzanne Bell An	tuna	Kall Hotum	
() Signatur	e of a member or aut	athorized reproductive dea member	
Suzanne Bell-Antuna			