L17000193996

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COVER LETTER

Divi	sion of Cor	porations				
	SBGOOD HOLDINGS CAPITAL, LLC					
agrage.Ci:	Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for tiling.			
Please return	all correspo	ndence concerning this matter	to the following:			
			Name of Person			
		CONTADURIA VIDAL				
			Firm/Company			
	2000 S DIXIE HIGHWAY, STE 205					
Address						
		MIAMI, FLORIDA 33133				
		City/State and Zip Code				
INFO@CONTADURIAVIDAL.COM						
		E-mail address: (to be used for future annual report notifi	ication)		
For further in	formation e	oncerning this matter, please co	att:			
NICOLAS V	TIDAL		305 631-0331			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	iling 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)		
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MAILING ADDRESS:

TO: Registration Section

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

SBGOOD HOLDINGS CAPITAL				_
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		,
The Articles of Organization for this Limited I	Liability Company	were filed on SEPTEMBER 19, 2017	and :	assigned
Florida document number L17000193996	·			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liah	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		c/o Contaduria Vidal		
(Principal office address MUST BE A STRE	2000 S DIXIE HIGHWAY, STE 205			
		MIAMI, FLORIDA 33133		
Enter new mailing address, if applicable:	2000 S DIXIE HIGHWAY, STE 205			
(Mailing address MAY BE A POST OFFICE	MIAMI, FLORIDA 33133		<u></u>	
B. If amending the registered agent and registered agent and/or the new registered.	***		r the nan	e of the r
registered agent and/or the new registered t	ornee address her	<u>c</u> .	11.12 13.13 13.13	17
Name of New Registered Agent:	CONTADURI	a VIDAL		eg T
New Registered Office Address:	2000 S DIXIE HIGHWAY, STE 205		Sign (LED 24 AV
		Enter Florida street address		M 12
	MIAMI	, Florida ³	333335二	<u>:</u>
		City	Zhrch	leen

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>	Address	Type of Action
AMBR	BARTOLUCCI, SERGIO	2000 S DIXIE HIGHWAY	
		STE 205	□ Remove
		MIAMI, FLORIDA 33133	■ Change
			Remove
			☐ Change
			Add
			☐ Remove
			Change
	+		
			□ Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
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E. Effective date, if other than the date of filing:	o 605,0207 (3)(listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e (b) The 90th day after the record is filed.	arlier of:
Dated <u>October</u> 23 2017.	
Signature of a member or authorized representative of a member	_
MICOLHY VIDAL Accountant Typed or printed name of signee	-

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Filing Fee: \$25.00