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COVER LETTER

TO: Registration S Division of Co			<i>;</i>
	TSHOTS, LLČ		
30b/EQ1.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
	ondence concerning this matter	·	
	AMY WIBBENS		
		Name of Person	
	S&B HOTSHOTS, LLC		
		Firm Company	
	1311 SCOTT ROAD		
	S&B HOTSHOTS, LLC Firm Company 1311 SCOTT ROAD Address ST. JOHNS, FL 32259 City/State and Zip Code OFFICE@SBHOTSHOTS.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call:		
	ST. JOHNS, FL 32259		
	-	City/State and Zip Code	
Live firethor information			tification)
	concerning this matter, please e		
AMY WIBBENS		904 436-5543 at ()	
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$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 tadditional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 63. Tallahassee,		The Centre of ' 2415 N. Monro	Fallahassee be Street, Suite 810

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&B HOTSHOTS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	impany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on OCTOBER 11, 2017	and assigned
Torida document number L17000210793		
his 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 I	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	<u> </u>	
		28
		1001 EES
inter new mailing address, if applicable:		. (C
Mailing address MAY BE A POST OFFICE BOX)		တ
		2 300
		Ġ.
 If amending the registered agent and/or registered off 	ice address on our records, <u>enter the na</u>	ص me of the new_regist
gent and/or the new registered office address here:		-,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Chy	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>	Address	Type of Action
AMBR	BRYAN STARBIRD	1331 SHEFFIELD ROAD, ST. JOHNS, FL 32259	= Add
			[iRemove
			□ Change
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Effective date, if other than the c	late of filing: FEBRUAF	RY 14, 2021	(optional)	
f an effective date is listed, the date must Note: If the date inserted in this block.	be specific and cannot be prio ck does not meet the appli-	or to date of filing or more the eable statutory filing rec	ian 90 days after filing.) Pursuai uirements, this date will noi	nt to 605,0207 t be listed as
	partment of State's records			
document september date on the 17ep				
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Filing Fee: \$25.00