18000	10011
(Requestor's Name)	
(Address) (Address)	700309980857
(City/State/Zip/Phone #)	03/06/1801015030 **25.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	s⊻ ⊄
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、		COVER LET	TER	
TO: . Registration Sec Division of Corp				
	AL INNOVATIONS LLC			
SUBJECT:	Name of Lim	ited Liability Compa	ay	
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
	DANY ABRAHAM			
		Name of Pers	en	
	KSDT & COMPANY			
	<u></u>	Firm/Compar	у	
	1625 N COMMERCE PK	WY SUITE 315		
		Address		
	WESTON, FL 33326			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip	Code	
	DABRAHAM@KSDT-CP			
		to be used for future	nnual report nou	fication)
For further information co	encerning this matter, please ca	all:		
DANY ABRAHAM		305-67 at (0- 3370)	
Name of	Person	Area Coo	e Daytim	e Telephone Number
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filin Certified C (additional cor	ру	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Divisior P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314	Re Di Cl 26	REET/COURI gistration Sectic vision of Corpor fton Building 61 Executive Ce llahassee, FL 32	rations enter Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SBR GLOBAL INNOVATIONS LLC

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

The Articles of Organization for this Limited Liability Company w Florida document number L18000029271	rere filed on <u>02/01/2018</u>	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company." the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		AH
		PH
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		29
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	<u>e name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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

Page 1 of \$

If amending Authorized Person(s) authorized to mafage: <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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AMBR = A	authorized Member		
Title	Name	<u>Address</u>	Type of Action
MGR	KAHANOW, SHULAMIS	1625 N COMMERCE PKWY	🗆 Add
		SUITE 315	Remove
		WESTON, FL. 33326	Change
MGR	BRAVERMAN, SHULAMIS	1625 N COMMERCE PKWY	🗖 Add
		SUITE 315	Remove
		WESTON, FL. 33326	C Change
			🗆 Add
			Remove
			Change
			🗆 Add
			E Remove
			Change
	<u> </u>		🗆 Add
			C Remove
			Change
			□ Add
			Remove
			Change
	Pa	ge 2 of 3	

	•					
D. If amend	ling any other	information, en	ter change(s) he	re:: <i>(At</i>	ach additionai	l sheets, if necessary.)
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F Effect	ive date lif other t	han the date of filing	(F.	(optional)	
(lf an ef	fective date is listed, the	date must be specific and	cannot be prior to date	of filing or more than 90 days uttory filing requirements.	after filing) Pursuant to 605	.0207 (3)(b) ed as the
		on the Department of S				
TC + 1						~
(b) The	90th day after 1	the record is filed.	late, but not an e	ffective time, at 12:0	JI a.m. on the earlie	er of:
Dated	02/20		2018			
		0.1				
		Sulm	Rahue			
		Signature of a l	member of animonized f	presentative of a member		
	SHULAMIS K	AHANOW - MGR				
	_		Typed or printed name	df signee		
			Page 3 of	3		

Filing Fee: S25.00