

L18000073945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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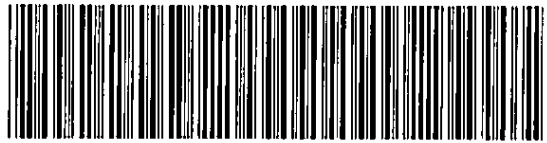
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOB ENTERPRISES, LLC

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:

TONY SEIFERT

Name of Person

SOB ENTERPRISES, LLC

Firm/Company

2825 Mayport Road

Address

Atlantic Beach, FL 32233

City/State and Zip Code

bridges10600@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian J. Cabrey, Esq.

904 629-5879

at ()

Name of Person

Area Code

Daytime 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
(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**

SOB ENTERPRISES, 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 were filed on March 22, 2018 and assigned Florida document number L18000073945.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2825 Mayport Road, Atlantic Beach, FL 32233

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2825 Mayport Road, Atlantic Beach, FL 32233

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:

Tony Seifert

New Registered Office Address:

2825 Mayport Road

Enter Florida street address

Atlantic Beach

City

Florida 32233

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>	<u>Type of Action</u>
AMBR	CORY SEIFERT	12801 US Hwy 301	<input checked="" type="checkbox"/> Add
		Bryceville 32009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAWN SEIFERT	2051 SUNSET BLVD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FLA	<input type="checkbox"/> Remove
		32225	<input type="checkbox"/> Change
AMBR	JENNIFER SEIFERT	Same as Cory	<input checked="" type="checkbox"/> Add
		12801 US 301	<input type="checkbox"/> Remove
		Bryceville FL 32009	<input type="checkbox"/> Change
AMBR	JAMIE O'BRIEN	11809 Hidden Hills Dr.	<input type="checkbox"/> Add
		Jacksonville, FL 32225	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOE BAKOS		<input type="checkbox"/> Add
		11513 Gerado Rd	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE FLA	<input type="checkbox"/> Change
		32258	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The LLC shall henceforth be governed by the First Amended Operating Agreement.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.


E. Effective date, if other than the date of filing: _____ (optional)

(If 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)

Note: 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 APR 21 2023


Signature of a member or authorized representative of a member

TONY SEIFERT

TONY SEIFERT

Typed or printed name of signee