18000107158

(R	Requestor's Name)			
(A	ddress)			
(A	ddress)			
(C	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(B	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
C	2. SILAS			
AU	JG 0 2 2022			

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ALL AHASSEE, PLO

CENTACE

AUG - ' EN UTUL ECRETARY DE STATE CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 848570 7103152

AUTHORIZATION

COST LIMIT : 75, 25.00

ORDER DATE : August 1, 2022

ORDER TIME : 2:52 PM

ORDER NO. : 848570-025

CUSTOMER NO: 7103152

DOMESTIC AMENDMENT FILING

NAME: SDWB, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

STATEMENT OF AUTHORITY

FILED

Pursuant to section 605.0302(1). Florida Statutes, this lin	nited liability company sub	omits the following	statement of
authority: FIRST: The name of the limited liability company is: _	SDWB, LLC.		in titl
A FLORIDA LIMITED LIABILITY COMPANY		SECRETARY TALLAHA	UF STATE SSEE, FL
SECOND: The Florida Document Number of the limite	ed liability company is:	L18000107758	
THIRD: The street address of the limited liability comp 2639 PROFESSIONAL CIRCLE	nany's principal office is:		
SUITE 101			
NAPLES, FLORIDA 34119			
The mailing address of the limited liability co 2639 PROFESSIONAL CIRCLE	mpany's principal office is	: 	
SUITE 101		<u></u>	
NAPLES, FLORIDA 34119			
FOURTH: This statement of authority grants or sets lin position of a person in a company, whether as a member person on the following: 1. May execute an instrument transferring rea a. Granted to: JOHN FERRY	transferee, manager, offic	er or otherwise or of the company.	to a specific
b. No authority granted to:			
May enter into other transactions on behalf a. Granted to :BRIAN K. STOC JOHN FERRY	f of, or otherwise act for or K and/or KEITH GELDER		γ.
b. No authority granted to:			
Brian Stock	BRIAN K.	STOCK printed name of si	
Signature of authorized representative	1 yped of	printed name of St	Enature

Certified Copy: \$30.00 (optional)