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TABLES

## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

Tallahassee, FL 32314

SUBJECT:	SBI	N 1177. LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	'ë∵ b2
Please return all correspo	ondence concerning this matter	to the following:	BILL Albanos
	Robert Wallace		11 101 -5 A 8: 21
	-	Name of Person	
	Robert Wallace, Attorne	y at Law Firm/Company	6: 21 
	6034 Chester Ave. #207	'H	
	·	Address	
	Jacksonville, FL 32217		
	_	City/State and Zip Code	•
	5HUSTO D PA	Mad. com ShiNSE to be used for future annual report notif	eo aguail com
For further information c	oncerning this matter, please c	all:	
Robert Wallace		904 733-5190	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURT Registration Section Division of Corpora Clifton Building	n

Clifton Building

2661 Executive Center Circle Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SBN 1177	'. LLC	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 6/27/2018	and assigned
Florida document number <u>L 1800015806</u> .7		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if applicable:	12001 Abess Blu	<u>d</u>
(Principal office address MUST BE A STREET ADDRESS)	Sle 5109 E	226
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	fice address on our records, enter the	name of the no
		. =
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	ip 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
MGR	BO HEE AN	12001 ABESS BLVD. #5109	<b>∃</b> Add
		JACKSONVILLE, FL 32225	Remove
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Effective date, if other than the effective date is listed, the date	must be specifi	e and cannot	he prior to d	late of filing or	more than 90	(option days after f	<b>121)</b> iling.) Pu	irsuant to	605,0207
Note: If the date inserted in this document's effective date on the				e statutory fil	ing requiren	ients, this i	Jate Wil	i not be i	isted as
ne record specifies a dela	ved offectiv	vo dato. I	but not a	n offoctive	stimo at	12.01 5	<b></b>	tha aa	rliar of
The 90th day after the i			out not a	ii enective	. cime, ac	12.UI a.	iii. Oii	tile ea	iller or
JUNE 29 Dated		201	8						
Dated									

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Typed or printed name of signee

Filing Fee: \$25.00