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COVER LETTER

TO: Registration So Division of Co	ection rporations	,		
	at Surfside Sally's LLC			
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Emory Garrett Sutch, II			
		Name of Person		
		Firm/Company		
		Address		
	136 Sheenhan Drive	City/State and Zip Code		
	Middletown, DE 19709 E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please ca	all:		
Emory Garrett Sutch, II		at () 292-2330 Area Code Daytime		
Name (of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for t	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)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crush Bar at Surfside Sally's LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000180498	were filed on July 26, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SC GBL LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Incorporating Services, Ltd.	
Principal office address MUST BE A STREET ADDRESS)	1540 Glenway Drive	
Trincipiii office iiiiii iiiiiiiiiiiiiiiiiiiiiiiiiii	Tallahassee, FL 32301	<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		FILE:
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		K 6: 17
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
·			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
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(If an effe Note: 1	ctive 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 605.020 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
f the reco b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated	·
** ** ** -	
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

(If an effective 605.0207 (3)(· · · · · · · · · · · · · · · · · · ·	ecific and cannot be prior to da block does not meet the applical	(optional) ate of filing or more than 90 days after filin ble statutory filing requirements, this date w	
	12:01 a.m. on the		re date, but not an eff The 90th day after th	
Dated	1-31-2019	 	5h-	
_	Signature	e of a member or authorized rep member	presentative of a	_
E	mory Garrett Sutch, II	Gmuly		
		Typed or printed name of sig	gnec	

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Filing Fee: \$25.00