18000183742

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
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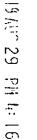
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COVER LETTER

SUBJECT:SB	OCEAN 22 LLC		
<u></u>	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Steven Goldwasser		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	8483 Stables Rd	Firm/Company	
	Jacksonville, Fl. 32256	Address	·
	STVNBKY@COMCASEA	City/State and Zip Code	
		to be used for future annual report notif	icution)
For further information	n concerning this matter, please c	all:	
Steve Goldwasser		904 535-4104	
Nam	e of Person	at ()	: Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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



SB OCEAN 22 LLC

2019 AUG 29 PM 4: 16

427 8 37113	ility Company as it now appears on our records.) Ida Limited Liability Company)	
	ida tamited maonity Company)	
The Articles of Organization for this Limited Liability	Company were filed on07/31/2018	and assigned
Florida document number 1.18000183742	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADL	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or reg		nter the name of th
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or reg		nter the name of th
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or regregistered agent and/or the new registered office ad		nter the name of th
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent:		nter the name of th
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or regregistered agent and/or the new registered office ad	dress here:	nter the name of th
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent:		

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>	Name	Address	Type of Action
			Add
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
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			Remove
			Change
	<u> </u>		🗆 Add
			_□ Remove
			Change.

	Steven Goldwasser is the sole MEMBER (AMBR)
	-8/1/2018 - Q
Effe	etive date, if other than the date of filing:
Note	Frective 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 (Fig. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docu	ment's effective date on the Department of State's records.
the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: he 90th day after the record is filed.
, ''	ie 30th day after the record is filed.
Date	.i
Date	(/ /
	M-//
	Signature of a member or authorized representative of a member Steven Goldwasser
	Steven Goldwasser
	Typed or printed name of signee