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, (F	Requestor's Name)	
(A	Address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(<u>C</u>	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions t	o Filing Officer:	
		,
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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: 5BC	Worldwide	4		
		ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:	· ,	
	Ic ffen	Name of Person		
	2BC	World Wide L.L. Firm/Company	<u>C</u>	•
	1466! Hin's	and Spares	<u>C+</u>	
	1.31he	F1, 33325 City/State and Zip Code		
	SBC World W. E-mail address: (de LLE 2 (100 a.)	CCOfication)	
For further information co	ncerning this matter, please co	all:		
Jetters Po Name of	Person	at (<u>315</u>) <u>37-3 —</u> Area Code Daytim	7100 e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SBC Worklande	LLC.	
(Name of the Limited Liabilit	y Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 1912.6 / 13	and assigned
Florida document number <u>1.12,0002.583</u>	ios	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
		ದೆ
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	ESS)	
Enter new mailing address, if applicable:		·
••		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	5
		orida
	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:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> Address Type of Action Highland Spangs G Daw _ Change ^č□ Remove 62 __ Change ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

☐ Remove

☐ Change

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effective date is lister. If the date ins		to date of filing or more than 90 days after filing.) Pursuant to 605.0 able statutory filing requirements, this date will not be listed
	s a delayed effective date, but no ter the record is filed.	t an effective time, at 12:01 a.m. on the earlier
ed	· 35	<u> </u>
	/ (,)	
	<u>4</u> 1,	orized representative of a member

Page 3 of 3

Filing Fee: \$25.00