

L19000003879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

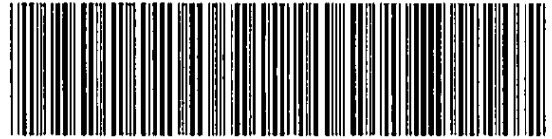
(Document Number)

Certified Copies _____

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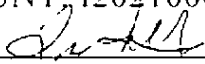
RECEIVED
STATE
JUL 10 AM 8:44

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JUL 10 AM 8:44

A. HUNT
CS/CS/24

FLORIDA-CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ \$25.00

AUTHORIZATION SIGNATURE: 

SBX LLC L19000003879

BUSINESS (Name)

Document #.

 Walk in

 Pick up time

 Mail out

 Will wait

 Photocopy

 Certified Copies of Articles of Organization

 Certificate of Status

NEW FILINGS

 Profit

 Not for Profit

 Limited Liability

 Domestication

 CORP

 LLLP

AMMENDMENTS

X Amendment

 Resignation of R.A. Officer/Director

 Change of Registered Agent

 Dissolution/Withdrawal

 Merger

 Conversion

OTHER FILINGS

 Annual Report

 Fictitious Name

 APOSTIL ()
Country

REGISTRATION/QUALIFICATIONS

 Foreign Filing

 Limited Partnership

 Reinstatement

 Trademark

 Other

EXAMINER'S INITIALS:

STATE
SECRET
AM 8:44

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SBX LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

RS ACCOUNTING AND TAX SERVICES INC

Firm/Company

10 FAIRWAY DRIVE STE 306

Address

DEERFIELD BEACH FL 33441

City/State and Zip Code

INFO@RSACCOUNTINGTAX.COM

E-mail address: (to be used for future annual report notification)

2011-09-09 AM 8:44
TALLAHASSEE FL
STATE

For further information concerning this matter, please call:

RODRIGO P SILVA

Name of Person

954 623-7615

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SBX LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/02/2019 and assigned
Florida document number L19000003879.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EPIC WATERSHAPES LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

1501 BELVEDERE ROAD SUITE 500

WEST PALM BEACH FL 33406

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1501 BELVEDERE ROAD SUITE 500

WEST PALM BEACH FL 33406

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MICHAEL HENRIQUE MELLO

New Registered Office Address:

1501 BELVEDERE ROAD SUITE 500

Enter Florida street address

WEST PALM BEACH

City

Florida 33406

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER	MICHAEL HENRIQUE MELLO	1501 BELVEDERE ROAD SUITE 500	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33406	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
OWNER	SAMUEL HENRIQUE MELLO	1501 BELVEDERE ROAD SUITE 500	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33406	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

29 JUL 2016 9 AM 8:44
STATE
OF FLORIDA
SECRETARY OF STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRET
-9 AM 8:44
STATE
SECRET

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 7 2024

SAMUEL HENRIQUE MELLO

Signature of a member or authorized representative of a member

SAMUEL HENRIQUE MELLO

Typed or printed name of signee