

L 19 0000 23036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

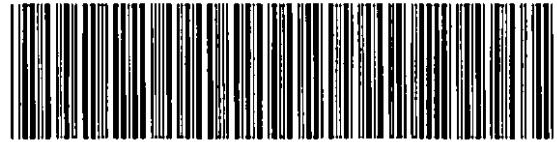
(Document Number)

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APR 05 2019

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19 APR 22 PM 3:24

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S + D Business Group, 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:

Shameka Jenkins
Name of Person

Firm/Company

15040 S.W. 107 Ave
Address

Miami, FL 33176
City/State and Zip Code

Sjohn004@fiu.edu
E-mail address to be used for future annual report notification.

For further information concerning this matter, please call.

Shameka Jenkins at 786 970-9923
Name of Person Area Code Daytime 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 copies are extra.

☐ \$60.00 Filing Fee
Certificate of Status &
Certified Copy
Additional copies are extra.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Cotton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

S+D Business Group, 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 1/22/2019 and assigned
Florida document number L19000023036

This amendment is submitted to amend the following:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address

Enter Florida street address.

Florida

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> |
|----------------|-----------------|-----------------------------------|---|
| Manager MGR | Shameka Jenkins | 15040 S.W. 107 Ave, Mia, FL 33176 | <input checked="" type="checkbox"/> Add |

☐ Remove

☐ Change

| | | | |
|----------------|-----------------|---------------------------------|---|
| Manager MGR | Darrell Jenkins | 15040 SW 107 Ave, Mia, FL 33176 | <input checked="" type="checkbox"/> Add |
|----------------|-----------------|---------------------------------|---|

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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

Date: March 18th 2019

Signature of a _____ or authorized _____

Shameka Jenkins
void or printed name of signer