## L19000056193

(Ře	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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LB NOTARY & TAX SERVIC	TE LLC 👂	_
Name of Limite	d Liability Company	
Amendment and fee(s) are subm	itted for filing.	
ndence concerning this matter to	the following:	
NESHEKA MCDONALD		
	Name of Person	
MCD MOBILE NOTARY	& TAX SERVICE LLC	
	Firm/Company	
9951 ATLANTIC BLVD SUITE 401  Address  JACKSONVILLE, FLORIDA, 32225		
	Address	
JACKSONVILLE, FLORII	DA. 32225	
	City/State and Zip Code	<del></del>
medtaxservice@gmail.com	o be used for future annual report noti	fication)
.D	904 885-7421	
of Person	Area Code Daytin	ne Telephone Number
he following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>iss:</u> Section	Street Address: Registration S	ection
	Name of Limite  Name of Limite  Name of Limite  Amendment and fee(s) are submedence concerning this matter to  NESHEKA MCDONALD  MCD MOBILE NOTARY  9951 ATLANTIC BLVD S  JACKSONVILLE, FLORID  mcdtaxservice@gmail.com  E-mail address: (to oncerning this matter, please cand)  of Person  he following amount:  S30.00 Filing Fee & Certificate of Status	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  NESHEKA MCDONALD  Name of Person  MCD MOBILE NOTARY & TAX SERVICE LLC  Firm/Company  9951 ATLANTIC BLVD SUITE 401  Address  JACKSONVILLE. FLORIDA. 32225  City/State and Zip Code  medtaxservice@gmail.com  E-mail address: (to be used for future annual report not oncerning this matter, please call:  D  1

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

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

MCD MOBILE NOTARY & TAX SERVICE LLC  (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02}{1}$ florida document number $\frac{L19000056193}{1}$	26/2019 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	re:
SBNT SERVICES LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 1
Principal office address MUST BE A STREET ADDRESS)	78 PG
Trincipal office marcis 14031 BB 1131 MB 21131	2 N
- <del></del>	
and the Control of th	·
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<del>.``</del>
B. If amending the registered agent and/or registered office address on our r igent and/or the new registered office address here:	ecords, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	
New Registered Office Address:  Enter Flo	rida street address
City	, FloridaZip 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>	Address	Type of Action
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			□Remove
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04/25/2020		(optional)	<del></del>
362 HOURGER HIG applicable	ate of filing or more than statutory filing requi	90 days after filing.) Po ements, this date wi	arstiant to 605.02 Il not be listed
but not an effective time,	at 12:01 a.m. on the e	earlier of: (b) The S	10th day after th
2020 .			
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	of filing:  O4/25/2020  ecitic and cannot be prior to do oes not meet the applicablement of State's records.  but not an effective time,  2020	of filing:  04/25/2020  secitic and cannot be prior to date of filing or more than ones not meet the applicable statutory filing requirement of State's records.  but not an effective time, at 12:01 a.m. on the example of the control of the contro	of filing:  O4/25/2020  of filing:  oetilic and cannot be prior to date of filing or more than 90 days after filing.) Propes not meet the applicable statutory filing requirements, this date with the state of State's records.

Filing Fee: \$25.00