## 119000058187

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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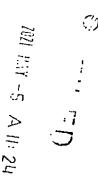
Office Use Only

S.C.



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## **COVER LETTER**

TO:	Registration Se Division of Cor		
	SBS Small	Biz Solutions, LLC	
SUBJE	CCT:	Name of Lim	ited Liability Company
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please	return all correspo	ndence concerning this matter	to the following:
		Deborah G Broderick	
			Name of Person
			Firm/Company
		5461 Carrick Rd	
		C	Address
		Cocoa, Florida 32927	
		deborah@sbssmallbizsoluti	City/State and Zip Code ons.com
		E-mail address: (	to be used for future annual report notification)
For fur	ther information co	oncerning this matter, please ca	ब्री:
Debora	ah G Broderick		321 749-4527 at ( )
	Name of	f Person	Area Code Daytime Telephone Number
Enclose	ed is a check for th	e following amount:	
<b>≡</b> \$2:	5.00 Filing Fœ	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee
	Tallahassee, F		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records. Company)	)
he Articles of Organization for this Limited Liability Company were for lorida document number	filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability co	ompany here:	
he new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Aniling address MAV DE A DOCT (VEELCE DOV)		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office addres		
. If amending the registered agent and/or registered office addres		
. If amending the registered agent and/or registered office addressent and/or the new registered office address here:  Name of New Registered Agent:		
. If amending the registered agent and/or registered office addressent and/or the new registered office address here:		he name of the new regis
If amending the registered agent and/or registered office address gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	s on our records, <u>enter t</u> Enter Floridu street address	he name of the new regis
. If amending the registered agent and/or registered office address gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	is on our records, <u>enter t</u>	he name of the new regis
. If amending the registered agent and/or registered office address the end of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	s on our records, <u>enter t</u> Enter Floridu street address	he name of the new regis
. If amending the registered agent and/or registered office address gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Frier Floridu street address  Frier Floridu street address  The street in this capacity. I furnitude of my duties, and sed for in Chapter 605, F	rida  SZip Code  ther agree to comply with and S. Or, iPhis document is

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
			□ Add
			ПRетюче
			Change
			□Add
			□Remove
			□ Change
			□Add
		<del> </del>	Петюче
			□ Change
			□ Add
			□Remove
			□Change
	<del></del>		———□Add (?)
			Remove
			Change  Add
			□ Remove
			□ Change

New EIN# 37-1932016: OLD EIN# 26-1936705	
Please update this record to New EIN #371932016.	
Thank you.	
<del></del>	
· · · · · · · · · · · · · · · · · · ·	
live date, if other than the date of filing:  Sective date is listed, the date must be specific and cannot be prior to date of filing or a	(optional)
If the date inserted in this block does not meet the applicable statutory fili	ing requirements, this date will into be liste
nent's effective date on the Department of State's records.	YAY .
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m.	•
iled.	•
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10.1.1. 1. h B. 1.	<i></i>
Signature of a member or authorized representative	ve of a member