119000089591

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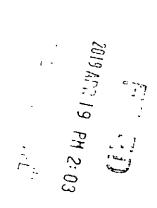
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COVER LETTER

TO:	Registration Security Division of Cor			·
embur		Risk Advisors, LLC		
SUBJE	СТ:	Name of Lim	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Henry E. Blagden III		
			Name of Person	
			Firm/Company	
		614 Tropical Circle		
			Address	
		Sarasota, FL 34242		
			City/State and Zip Code	
		hblagden@sbhereditriskadv		
		E-mail address: (to be used for future annual report notifi	ection)
For furth	ner information ec	oncerning this matter, please ca	ati:	
Henry I	I, Blagden, III		941 504-5807	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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 radditional copy is enclosed)

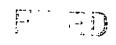
MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SBH Credit Risk Advisors, LLC

2019 APR 19 PH 2: 03

(<u>Name of the Lim</u>	ited Liability Company as it now a (A Fiorida Limited Liability Comp	opears on our rec my)	ords.) 	11
The Articles of Organization for this Limited I Florida document number 1.19000089591	.iability Company were filed o	April 1, 2019		and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability compar	<u>ıy here</u> :		
NA				
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "I.	.I C'' or the abb	reviation "L.I.C."
Enter new principal offices address, if appli	cable: NA			,
(Principal office address MUST BE A STRE	ET ADDRESS)			
	-· - 	···· -— ·		
Enter new mailing address, if applicable:	NA			
Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	s on our reco	rds, <u>enter</u>	the name of th
Name of New Registered Agent:	NA			
New Registered Office Address:	NA			
	Ente	r Florida street ada	lress	
			Florida	
	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 jurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am jamiliar 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
AMBR	Hemy E. Blagden, III	614 Tropical Circle Sarasota, Ft. 34242	
			Remove
		<u> </u>	Change
			Add
			☐ Remove
			Change
	<u></u>		Add
			Remove
			□ Change
			Add
			D Remove
			□ Change
			
			☐ Remove
		·	Change
			☐ Remove
			□ Change

NA					
					
<u>-</u>					
					
					
	<u> </u>				
					
					
					
					1.77
ctive date if othe	er than the date of	April 17, 20	19	(optional)	
effective date is listed	l, the date must be speci	ific and cannot be prior	o date of filing or more th	ian 90 days after filing.) Pursi	iant to 605.02
		s not meet the applicant of State's records.	ible statutory filing req	puirements, this date will r	iot be listed
ecord specifies ie 90th day aft	a delayed effect er the record is f	tive date, but not filed.	. an effective time	, at 12:01 a.m. on th	ne earlier
d April 15 \int_{Λ}	1_	2019	. •		
	111				

Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00