L19000 118830

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Dx	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





300341976703

08/19/20--01003--021 *+25.00

2020 H3X 13 PH 12: 09

Momuch

MAR 27 2020 I ALBRITTON

COVER LETTER

	ition Section of Corporations				
SUBJECT:	SFBR	S RU	ices Li	LC	
			ited Liability Company		
The enclosed Arti	icles of Amendment and	l fee(s) are sub	mitted for filing.		
Please return all c	orrespondence concern	ing this matter	to the following:		
	50	rarêa	Name of Person	\sim	
	5	FBR	SERVICES Firm/Company	S LLC	·
	<u>.167</u>	CNW	Address	/	
	Par	14NC	City/State and Zip ¹ Cod	<u> </u>	<u> </u>
	12:1-51	CAUSO. (o -mail address: (i) is c (Otted _	した) al report notificatio	on)
For further inforn	nation concerning this n	atter, please ca	all:		
Sirau	Name of Person	ns-	at () 54)at ()	ECC Daytime Tele	9756 phone Number
Enclosed is a chec	ck for the following amo	ount;			
S25.00 Filing	Fee 🔲 \$30,00 Fil Certifica	ing Fee & te of Status	S55.00 Filing Fee Certified Copy (additional copy is e		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address: ation Section		· · · · · · · · · · · · · · · · · · ·	Address: tration Section	1

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

TO:

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

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

SFBR SERVICE	s LLC.	
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on OS/CI Jacob Grand assigned	?
Florida document number $32 - 6609619$.	ullity company here:	
This amendment is submitted to amend the following:	3	>
A. If amending name, enter the new name of the limited liab	nucy company nere.	
The new name must be distinguishable and contain the words "Limited Liabil	NCE LLC.	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	16-10 NN 181 NM	
(Principal office address MUST BE A STREET ADDRESS)	16-10 NM 121 NM 33060	į
Enter new mailing address, if applicable:	. 6 10 11 1	
(Mailing address MAY BE A POST OFFICE BOX)	16-10 NW 1ST NAY 1801/2016 BOOKS 133060 F	l
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>	<u> ec</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			_ □Add
			□Remove

~~....~.

Page 2 of 3

an effect <u>ote:</u> If	date, if other than the date of filing:	
recor The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	er of:
nted	Signature of a member of authorized representative of a member	
	Siran A zilano	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	