L19000128359

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H190001721163)))

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To:
      Division of Corporations
      Fax Number      : (850)617-6383

From:
      Account Name    : REGISTERED AGENTS INC.
      Account Number  : I20090000081
      Phone           : (307)200-2803
      Fax Number      : (855)330-1010

**Enter the email address for this business entity to be used for future
    annual report mailings. Enter only one email address please.**

      Email Address:
```

2019 MAY 29 PH 12:01

APPROVED AND FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SBG PROS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

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T GLASS

MAY 30 2019

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SBG Pros, 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 05/13/2019 _____ and assigned

Florida document number L19000128359 _____.

This amendment is submitted to amend the following:

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

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

_____

_____

_____

(stamp: 2019 MAY 29 PM 12:0 — APPROVED AND FILED)

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 _____
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

Title	Name	Address	Type of Action
MGR	Mary Chancy	2878 INLET COVE LN W	☐ Add
		NAPLES, FL 34120	☐ Remove
			☑ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

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_____

2019 MAY 29 PM 12:01
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E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b)   The 90th day after the record is filed.

Dated **May 23** , **2019** .

~~Riley Park~~
Signature of a member or authorized representative of a member

Riley Park
Typed or printed name of signee

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Filing Fee: $25.00