L19000230945

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COVER LETTER

TO: Registration Sec Division of Corp			
	SLAND CONSTRUCTION	SERVICES, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	MICHAEL A. VERONA		
		Name of Person	
	BARRIER ISLAND CON	ISTRUCTION SERVICES, LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2171 OLEANDER ST.		
		Address	
	SAINT JAMES CITY, FL	. 33956	
		City/State and Zip Code	
	OFFICE@LOGGERHEA		
	E-mail address: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please co	all:	
MICHAEL A. VERONA		724 601-6323	
Name of	Person		: Telephone Number
Enclosed is a check for the	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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	at
Registration Section of Co		Registration Sec Division of Cor	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARRIER ISLAND CONSTRUCTION SERVICES, 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 SEPTEMBER 12TH 2019 Florida document number L19000230945 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SBX LIMITED LLC 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) 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

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				
	MCD =	Managar		
AMRD = Authorized Member	MOK-	Manager		
	AMRD :	- Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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cument's effective date on the D			
	re date, but not an effective time	, at 12:01 a.m. on the earlier of: (b) TI	ne 90th day after th
is filed.			
JANUARY 29	2020		
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100	Signature of a member or authoriz	ed representative of a member	
	organization of a member of audional		
MICHAEL A. VERON	A		
· · · · · · · · · · · · · · · · · · ·	Typed or printed r	ame of signee	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00