L19000266042

(Requestor's Name)		
(Address)	9003712796	
(Address)	00007 12700	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	08/28/2101016001	**25.00
(Document Number)		
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COVER LETTER

TO: Registration S Division of Co		•	•
The Ame	ricas Real Estate Group LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subi	nitted for filing.	
Please return all corres	pondence concerning this matter t	to the following:	
	Bryan Sboray		_
		Name of Person	
	<u> </u>	Firm/Company	
	161 Via Rosina		
		Address	
	Jupiter, FL 33458		
		City/State and Zip Code	
	bsboray@yahoo.com E-mail address: ()	to be used for future annual report notifi	cation)
For further information	n concerning this matter, please ca	ali:	
Bryan Sboray		561 283-5225	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add	ress:	Street Address: Registration Sec	etion

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Americas Real Estate Group 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 $\frac{10/23/2019}{1}$ and assigned Florida document number L19000266042 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sboray Ventures LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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>	Name	Address	Type of Action
			□ Add
			□ Remove
			□Change
		□ Remove	
			Change
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		Remove	
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Effective date, if other than the difference of the date in listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	be specific and cannot be ck does not meet the ap	prior to date of filing or oplicable statutory fi	more than 90 days after fili	ng.) Pursuant to 605.0207 (3)
he record specifies a delayed effective ord is filed.	date, but not an effecti	ve time, at 12:01 a.n	a. on the earlier of: (b)	The 90th day after the
Dated August 19th	2021			
	Signature of a member or	authorized representati	ve of a member	