Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SB 506 RE, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SB 506 RE, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 03/02/2021	and assigned
Florida document number L21000100384		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
SBG 506 RE. LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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 offi	ce address on our records, enter the	name of the new registered
agent and/or the new registered office address here:		
		िक्ष के कि
Name of New Registered Agent:		
D 1000 A11		
New Registered Office Address:	Enter Florida street address	-
		(원) 연
-	, Floric	ia. st. Co Zip Code
	CHV	LH COUR

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>	<u>Name</u>	Address	Type of Action
MGR	STARBOARD GROUP MANAGEMENT COMPANY INCORPORATED	12540 W ATLANTIC BLVD.	≅Add
		CORAL SPRINGS, FL 33071	
			☐ Change
MGR	ANDREW LEVY	12540 W ATLANTIC BLVD.	□Add
		CORAL SPRINGS, FL 33071	
			□Add
			Remove
			□Change
			□Add
			🗀 Remove
			□ Add
			Remove
			□Change
		ALAMA (A. T. P. S. P. V.	□Add
			Remove
			Change

			······································	

4, 24 to 24 to 25				

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				-
				
Effective date, if other than the da If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and cannot be prior does not meet the applica	able statutory filing requ	(optional) an 90 days after filing.) Pursuant to airements, this date will not be	o 605.0207 (e listed as t
e record specifies a delayed effective de rd is filed.	ate, but not an effective tin	me, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Dated	2021	·		
,/) //				
Lewit-				_
Sig	enature of a member or author	orized representative of a n	nember	_

Filing Fee: \$25.00