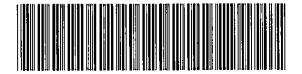
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COVER LETTER

Division of Corpor	ations		
subject: <u>586</u>	Real Pro	OPERY Investry ited Liability Company	nents UC
The enclosed Articles of Am-	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
		Sheena Cas	<u>501</u>
	4501 Arlin	Firm/Company Stylesswr	y 8105 mailbui 2030
- -	JAZ PL 3		
_	E-mail address: (i	era (350 Juhu). To be used for future annual report notifi	cation)
For further information conce	erning this matter, please co	all:	
Sheena Name of Per		at (904) 520- Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	ion	Street Address:	sia

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

TO:

Registration Section

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

SBG Leal Propagation of the Limited Liability Compagation (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 3 2 2 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile. SBG lead Estate In the new name must be distinguishable and contain the words "Limited Liabile."	Nestors LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10501 Arlington Expressivay B105 Mailbox 2039 Jacksviville FL 32211
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6501 Arlington Expressiony Blos Mailbox 2039 Jacksnylle FL 32211
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: 6 501 VS105 Jack	Enter Phorida street address # 2039 Florida 37211 City ## ## ## ### #######################
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
Mar	Sheena Cason	6501 Arlington Expressu	MY THE
		B105 Mailbox 2039	□Remove
		Jacksmille FL 32211	
AMBC	Brian Greene	6501 Arlington Expressu	Add
		Blos Mailbox 2039	□Remove
		Jacksonville FL 32211	Æ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	·		□Add
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E. Effect	tive date, if other t	nan the date of fil	ing:		(optional)	
(If an ef <u>Note:</u>	fective date is listed, the	date must be specific not this block does no	and cannot be prior to out of the cannot be prior to out on the capplicable applicable a		90 days after filing.) Pursus rements, this date will no	
f the record is fi		effective date, but r	not an effective time	, at 12:01 a.m. on the	carlier of: (b) The 90th	day after the
Dated	April -		2021			
		Shew	na (an			
				ed representative of a me		

Typed or printed name of signee