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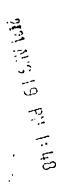
(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
SB INVES	TMENTS GROUP LLC			
SUBJECT:	Name of Limi	ited Liability Compa	ny	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	SHIMON SHAY BEN MC	HIA		
		Name of Perso	JA .	
	SB INVESTMENTS GRO	UP LLC		
		Firm/Compar	ıy	
-	4000 HOLLYWOOD BLV	'D		
		Address		
	HOLLYWOOD, FL 33021			
	·	City/State and Zip	Code	
	SHAY.MIAMI@HOTMAT			200 il 200 i
		to be used for future	annual report no	incation)
For further information of	oncerning this matter, please ca	all: 754	2-34 8	872
SHIMON SHAY BEN M	МОНА	at (
Name o	f Person	Area Coo	le Daytii	ne Telephone Number
Enclosed is a check for t	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filin Certified Co (additional cop	opy	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres			reet Address:	
Registration : Division of C		Registration Section Division of Corporations		
P.O. Box 632			ne Centre of	· ·
Tallahassee,			H5 N. Monrallahassee, F	oe Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number ____L210001502 95 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) 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.

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Shimon Sho	xy Ben Moha 19308 NE 6 AVE	□ Add
		Miami FL, 33179	<u>US</u> □Remove
MBR	Binjamin Ram	3429 NW 82nd	Ter □Add
		Cooper City, FL, 3	3 <i>3024</i> □Remove
		us,	
			Add
			BRemove
			□Add
			□Remove
			Change
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ffective date, if oth	her than the date of f	filing:		(option	al)
an effective date is liste ote: If the date inse	ed, the date must be specific erted in this block does r	c and cannot be prior not meet the applica	to date of filing or more able statutory filing r	than 90 days after fil equirements, this d	ng.) Pursuant to 605.020 ate will not be listed a
	date on the Department				
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record specifies a de Lis filed.	layed effective date, but	t not an effective to	me, at 12;01 a.m. on	the carner of: (b)	The 90th day after the
<i>a</i>	, 0				
ated <u>Augur</u>	£,9	2021	_ <u></u>		
V					
	V)		
	Signature	of a member or author	rized representative of	a member	

Filing Fee: \$25.00