L21000498729

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Y. SCOTT AUG 12 2023

COVER LETTER

Div	ision of Corp	porations					
SUBJECT:	SBS Interest	s LLC					
		Name of Lim	ited Liability Company				
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	idence concerning this matter	to the following:				
		Shane Jespersen					
			Name of Person				
			Firm/Company				
		640 9th Ave N					
			Address				
		St. Petersburg, FL 33701			en .	21	
		info@clearwater-cpa.com	City/State and Zip Code			2023 JUL	7
		E-mail address: (to be used for future annual	report notification)		1	Care
For further in	nformation co	ncerning this matter, please co	all:		7/ O	7	1 1
David Rodri	gues, CPA		727 439 at ()	9-0089	ind Sign	္မ	
	Name of	Person	Area Code	Daytime Telepho	ne Number	_0_	
Enclosed is a	check for the	e following amount:					
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing For Certificate of S Certified Copy (additional copy is	Status &	

Mailing Address:

TO:

Registration Section

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

Street Address: 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

SBS Interests 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 ______11/19/21 (effective 11/12/21) Florida document number _____L21000498729 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Noteable 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 regist 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Acti
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Tective date, if other than the date of filing:			45	
in effective date is listed, the date must be specific and cannot be prior to	date of filing or mo	re than 90 days after	onal) r filing.) I	ursuant to
ote: If the date inserted in this block does not meet the application of the date inserted in the Department of State's records.	ble statutory filing	requirements, thi	s date w	ill not be
•				
ecord specifies a delayed effective date, but not an effective tim	ne, at 12:01 a.m. o	n the earlier of: ()) The	90th day a
is filed.			,	
June 28				
ated June 28 2023	_ •			
X1.2/				
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Signature of a member or author	ized representative of	of a member		

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