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(Requestor's Name)
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## **COVER LETTER**

Division of Cor	porations				
SBH Const	ruction, LLC				
SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Richard L. Brooks II, Esq.				
		Name of Person		_	
	St. Augustine Law Group,	P.A.			
		Firm/Company		_	
	2740 US Highway 1 South	1			
		Address	<del></del>		
	St. Augustine, FL 32086	, and a second s		5	
		City/State and Zip Code		- <u>-</u> .	1
	julia@staugustinelawgroup	.com		- · · · · · · · · · · · · · · · · · · ·	1 1
	E-mail address: (	to be used for future annual report notifi	cation)		
For further information c	oncerning this matter, please c	all:		<u> </u>	
Julia Newton		904 990 - 7777			
Name o	f Person	at () Area Code Daytime	Telephone Numb	er	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & ed Copy hat copy is enclosed)	
		6			

TO:

**Registration Section** 

Mailing Address:
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

SBH Construction, 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 \_\_\_\_\_\_ and assigned 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.

Cin

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
MGR	Brian R. Beach	4705 Avon Lane, Jacksonville, FL 32210	<b>≡</b> Add
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e: If the date inserted in this but the line on the line line is a series of the line is a series of t	lock does not meet the ap	plicable statutory fili ords	ing requirements, this	s date will n	ot be listed a
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ed		onstruction, LLC	ve of a member	A. S.	7. D