## L23000455507

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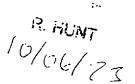


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Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	PERTIES LLC		
SUBJECT:	Name of Limi	ted Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing	
	ndence concerning this matter	_	
	Andrew Hoek		
		Name of Person	<del></del>
	DeWitt Law Firm, P.A.		
		Firm/Company	•
	1560 W. Cleveland Street		•
	****	Address	
	Tampa, Florida 33606		20
		City/State and Zip Code	2023 (
	shaw162@yahoo.com		<u>-</u>
	E-mail address: (1	o be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
Andrew Hoek		813 251-2701	c Telephone Number
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO

## ARTICLES OF ORGANIZATION OF

SIBR PROPERTIES LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co. Florida document number  L23000455507	mpany were filed on 10/04/2	023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***************************************	
(Principal office address MUST BE A STREET ADDRE	<u></u>	2023 C
		<u>.</u> <u>1</u>
Enter new mailing address, if applicable:	<del></del>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		-6 FH 2: 40
		<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	ur <del>e</del> et address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	implete performance of my ent as provided for in Chaj	duties, and I am familiar with and peer 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 54E81322-CF01-4012-AB7A-84F3AD7FD0D8
11 amenuing Authorized rerson(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>	Name	<u>Address</u>	Type of Action
AMBR	Sydney Shaw	12221 STONELAKE RANCH BLVD	□Add
		THONOTOSASA, FL 33592	□Remove
	•		
MGR	Izabela Shaw	12221 STONELAKE RANCH BLVD	
		THONOTOSASA, FL 33592	□Remove
			☐ Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			Change
		<del></del>	□ Add
		□Remove	
			☐ Change
			□Add
			Петоvе
			Change

		2023
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<u></u>		
		0 +
Fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blument's effective date on the D	t be specific and cannot be prior to date of filing or rock does not meet the applicable statutory filing.	(optional) nore than 90 days after filing.) Pursuant to 605.020 ng requirements, this date will not be listed a
ecord specifies a delayed effectiv is filed.	e date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
October 5	2023	
	DocuSigned by:	
	Signature of a member of humbridge representative	e of a member

Filing Fee: \$25.00