L24000085407

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900434922569

08/20/24--01040--011 **25.00

Steeley Kyly 2034 12/5 20 FH 2: 12 S LVD 1/5 NECES, FL

COVER LETTER

Division of Co	rporations		
SBS FLIP SUBJECT:	LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all corresp	ondence concerning this matter	to the following:	
	SANGEETA PEREIRA		
		Name of Person	
	SBS FLIP LLC		
		Firm/Company	
	3676 IDITAROD LANE		
		Address	
	ORLANDO FL 32839		
	SANGEETA.PEREIRA@Y	City/State and Zip Code AHOO.COM	
	-	to be used for future annual report notif	ication)
or further information of	concerning this matter, please co	all:	
SANGEETA PEREIRA		407-914-962	4
Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	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 enclose

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

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number 124000085407	any were filed on fEB 19, 2024	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 I.	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. <u> </u>	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		. ,
	, Flor	ida Ziv Code

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.

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>	Address	Type of Action
AMBR	SWAIN PEREIRA	3676 IDITAROD LANE	≣ Add
		ORLANDO FL 32839	□Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Remove
			□Change
			
			□Remove
			Change
			□ Add
			□ Remove
			DChange 2
			PH 2: 12
			□ Remove
			□Change

-		
_		
_		
-		
-	· <u> </u>	
=		
_		
-		
_		
-		
-		
-		<u></u>
-		
_		 _
_		
_		
Effecti	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P	
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date wient's effective date on the Department of State's records.	ill not be listed as the
the recor ford is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The sed.	•
		37
D. C.	08/15/2024	
Dated	08/15/2024	音音
Dated	acoloina	AUG 20
Dated	08/15/2024 Signature of a member or authorized representative of a member	2024 AUG 20 PN 2: 12 STALL THOUSE FATE

Filing Fee: \$25.00