

L24 000 ISS OSU

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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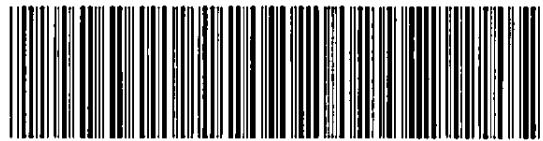
(Business Entity Name)

(Document Number)

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2024 APR 10 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SBP II, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Barkett

Name of Person

Collins Brown Barkett, Chartered

Firm/Company

756 Beachland Blvd.

Address

Vero Beach, FL 32963

City/State and Zip Code

trutkowski@verolaw.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Tara Rutkowski

772 231-4343

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

SBP II, 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 APRIL 1, 2024 and assigned
Florida document number L24000155050.

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)

1802 OLD DIXIE HWY

VERO BEACH, FL 32960

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1802 OLD DIXIE HWY

VERO BEACH, FL 32960

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:

JUSTIN STOLAJ

New Registered Office Address:

1802 OLD DIXIE HWY

Enter Florida street address

VERO BEACH

Florida 32960

City

Zip 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.



Justin stolaj (Apr 8, 2024 16:45 EDT)

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>	<u>Type of Action</u>
AMBR	JUSTIN STOLAJ	1802 OLD DIXIE HWY	<input type="checkbox"/> Add
		VERO BEACH, FL 32960	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LILJANA RUDAJ	5542 438D CT.	<input type="checkbox"/> Add
		VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STOLAJ, ROCKY	542 438D CT.	<input type="checkbox"/> Add
		VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FL
2024 APR 10 PM 8:19
OFFICE OF THE
CLERK OF THE
LEGISLATURE

2014 APR 10 AM 8:19
SECRETARY OF STATE
TAL. AND. SSG. FI

2014 APR 10 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FL

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 8, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00