Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190

Phone : (844)449-3624 Fax Number : (512)597-0678

**Enter the email address for this business entity to be used for futures annual report mailings. Enter poly and activities annual report mailings. Enter only one email address please. Email Address:

> LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SBR HOLDINGS LLC

Certificate of Status	0
Certifled Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SBR Holdings LLC				
(Name of the Limited Liability Commo (A Florida Limited	nny as it now impears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000269716}{1.24000269716}$.	were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC" or	the abbreviation "E.L.C"		
Enter new principal offices address, if applicable:	141 Yellow Iris Ct.			
(Principal office address MUST BE A STREET ADDRESS)	Ponte Vedra, FL 32081			
Enter new mailing address, if applicable:	141 Yellow Iris Ct.	·> 2		
(Mailing address MAY BE A POST OFFICE BOX)	Ponte Vedri, FL 32081	170		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	, j 📆 🍱 📺		
Name of New Registered Agent:		5: 46 STATE		
New Registered Office Address:	Enter Florida strout address			
	. Florid	la		
	Chy	Zη 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

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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

Page: 3 of 4

<u>Title</u>	Name	Address	Type of Action
AMBR	Stephen Bryant Richie	1307 BULL CREEK LN	
		Collierville, TN 38017	□Remove
			Change
AMBR	Adını Paul Bilodcau	2241 fronsione Dr. W	= Add
		Jacsksonville, FL 32246	Remove
			Change
AMBR	Charles Gallugher	141 Yellow Iris Ct.	
		Ponte Vendra, FL 32081	□ Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			E)Change
			Dadd
			□Remove
			□Change

D. If amending any other info	ormution, enter change(s) here: (Attach additional sheets, if necessary,)

		BALLS-BASE 12 1717 - 270 - 12 44
		
100 3/		

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	A DECAMANDA DE CAMADA DE C	
(If an effective date is listed, the date Note: If the date inserted in t	to the date of filing:	
f the record specifies a delayed of ecord is filed	fective date, but not an effective time, at 12:01 a milion the earlier of (b). The	90th day after the
Dated	2024	
	/s/ Stephen Bryant Richie	
	Signature of a member or suthorized representative of a member	
Stephen Brynni Ri	Chie	