## P210000 18053

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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	ilina Officer:	
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Office Use Only



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J. FASON JUN 25 2021

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SB FINANCIAL F	HOLDING, CORP			
DOCUMENT NUMI	P21000018053				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	BERENICE IPIA-FELICIAN	NO			
	Name of Contact Person				
	PRATS FERNANDEZ & CO PA				
	Firm/ Company				
	999 PONCE DE LEON BLVD. STE. 1110PH				
	Address				
	CORAL GABLES, FL 33134				
		City/ State and Zip Code	2		
	ADMIN@PRATSFERNANI	DEZ.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	305	444 8333		
Name of Contact Person		at (			
Enclosed is a check fo	r the following amount made				
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, FL 32303		

## Articles of Amendment Articles of Incorporation of

SB FINANCIAL HOLDING, CORP	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P21000018053	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," 'lnc.," or Co.," or the designation "Corp," "lnc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	·~3
	<del></del>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
	_
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New F	Registered Agent, if changing
Check if applicable	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	ST	ARIZA PABON, MARIA C	P.O. BOX 140970
Add X Remove			CORAL GABLES, FL 33114
2) Change	ST	GROSSO LEWIS, JEAN P.	P.O. BOX 140970
X Add			CORAL GABLES, FL 33114
Remove Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending</u> (Attach <i>addit</i>	or adding additional Ar ional sheets, if necessary)	ticles, enter chan . (Be specific)	ge(s) here:			
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provisions	ment provides for an ex- for implementing the an applicable, indicate N/A)	enange, reclassing tendment if not co	ontained in the a	mendment itself:	ares,	
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The date of each amendment(s) at date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	tock does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and	I shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	202
"The number of votes cast	for the amendment(s) was/were sufficient for approval	2021 1557 10
by	~	710
	(Noting group)	
APRIL 30.	7021	AH II: 07
Dated	2021	<del></del>
Signature	Decalluso	77
(By a d	rector, president or other officer - if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
· ·	MARIA C. ARIZA PABON,	
	(Typed or printed name of person signing)	<del></del>
	ST	
	(Title of person signing)	