3/14/23, 6:49 PM

Division of Corporations

Pote: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11230000981013)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : 120140000089

Phone

: (754)301-2128

Fax Number

: (954)252-4650

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: info@gfstavacct.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SB BUSINESS GROUP LLC

| Certificate of Status | () |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
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Electronic Filing Menu — Corporate Filing Menu

Help

From: Juliana dos santos

COVER LETTER

| TO: | Registration Se Division of Con | ection porations | | |
|------------|-----------------------------------------------|-------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------|
| SUBJEC | SB BUSIN | ESS GROUP LLC | | • |
| | | Naise of Lin | nited Linbility Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sul | omitted for filing. | |
| | | indence concerning this matter | | |
| | | JULIANA MACHADO | | |
| | | | Name of Person | |
| | | GFS TAX & ACCOUNTI | NG SERVICES | |
| | | | Гіпп/Сопрапу | |
| | | 11764 W SAMPLE RD S | TE 102 | |
| | | | Address | |
| | | CORAL SPRINGS FL 33 | 065 | |
| | | INFO@GESTAXACCT.CC | City/State and Zip Code | 4-1 |
| | | - | to be used for future annual report no | Mincation) |
| For furthe | er intormation co | nncerning this matter, please c | | - • |
| JULIAN | A MACHADO | | 754 301-2128 | |
| | Name of | Person | 754 301-2128 at (| me Telephene Number |
| Enclosed | is a check for th | e following amount: | | |
| | 0 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sectificate of Status & Certificate Copy (additional copy is enclosed) |
| F | Mailing Address Registration S Division of Co | ection Orporations | Street Address: Registration S Division of Co | prporations |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

11230000981013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SB BUSINESS GROUP LLC | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|--------------------------|----------------|
| (Name of the Limited Liability) (A Florida | ity Company as it r a Limited Liability (| ow spream on our record | 5.) | |
| The Articles of Organization for this Limited Liability C Florida document number L23000056140 | | | | signed |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limi | ited liability con | npany here: | | |
| The new name must be distinguishable and contain the words "Lim | de la Carte de | | | <u> </u> |
| | men claninty Comp | any, "the designation "LLC | " or the abbreviation "I | L.C." |
| Enter new principal offices address, if applicable: | | ***** | | |
| (Principal office address MUST BE A STREET ADDR | RESS) | | | |
| | - | | | |
| Enter now modling address is seen to be | | | | |
| Enter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE BOX) | , | | | |
| 3. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: | d office address | on our records, <u>enter</u> | he name of the ne | w register |
| New Registered Office Address: | | | <u> </u> | |
| | | Enter Florida street address | • | 023 |
| | City: | , Flo | riduZip Code | |
| iew Registered Agent's Signature, if changing Registered | • | | Zip Code | ; 5 |
| | | | | ري ار |
| hereby accept the appointment as registered agent a rovisions of all statutes relative to the proper and co ccept the obligations of my position as registered ageing filed to merely reflect a change in the registered ompany has been notified in writing of this change. | omplete perform eent as provided | ance of my duties, and for in Chapter 605. I | l I am familiar wii | h and Sn |
| | If Changing Regio | tered Agent, Signature of | New Registered Agen | |

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19542524650

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> | Nume | Address | Type of Action |
|--------------|---------------------------|---------------------------|----------------|
| AMBR | Global Smart Business LLC | 222 YAMATO RD STE 106-198 | |
| | | BOCA RATON, FL 33432 | |
| | | | □Change |
| | | | bbAC |
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| E. Effective date, if other than the date of filling: (optional) (If an effective date is sited, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purposent to 605.0207 (2)X Note: If the date inserted in his 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 s.m. on the earlier of: (b) The 90th day after the record is filed. Dated Signature of a member or authorized representative of a member | D. II AIRE | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------|
| E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)X 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the ecord is filed. Dated | _ | |
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| Signature of a member or authorized representative of a member | Dated_ | , |
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| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |