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COVER LETTER

TO: **Registration Section** Division of Corporations S.G.S PROPERT Y HOLDINGS 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: MOSHE SHABAT Name of Person Firm/Company 17070 COLLINS AVE SUITE 256 Address SUNNY ISLES BEACH, FL 33160 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MOSHE SHABAT Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

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□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.G.S PROPERTY HOLDINGS 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 Li Florida document number L14000103974	ability Company	were filed on JUNE 30	, 2014 and assigned
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	17070 COLLINS A	VE SUITE 256
(Principal office address MUST BE A STREE		SUNNY ISLES BEA	ACH, FL 33160
Enter new mailing address, if applicable:		17070 COLLINS A	
(Mailing address MAY BE A POST OFFICE)	BOX)	SUNNY ISLES BE	ACH, FL 33160
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	cords, enter the name of the new
New Registered Office Address:	17070 COL	LINS AVE SUITE 25	1 (b) 1 (b)
	SUNNY ISI	LES BEACH City	, Florida 33160.
New Registered Agent's Signature, if changing Is I hereby accept the appointment as registere			

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MOSHE SHABAT	3340 NE 190TH ST #140	7_ = Add
		AVENTURA, FL 3318	0 □ Remove
MGR.	ANDREW SHOHET	34 SOMERSET DRIVE SOUT	HB Add
		GREAT NECK, NY 11020 U	JS □ Remove
MGR	LINOR SHOHET	34 SOMERSET DRIVE SOUT	H ■ Add
		GREAT NECK, NY 1102	20 Remove
MGR	SHABAT MOSHE		
		3340 NE 190TH ST #14	7 ■ Remove
		AVENTURA, FL 33180	<u>js</u>
MGR	SHOHET ANDREW		Add
		34 SOMERSET DRIVE SOU	
		GREAT NECK, NY 110	20
MGR	SHOHET LINOR		
		34 SOMERSET DRIVE SOUT	H Remove
		GREAT NECK, NY 110	20

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Aumorize	d Member Deing added or removed from our records:
MGR = 1	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HILLEL SHOHET	34 SOMERSET DR SOUTH	- ■ Add
		GREAT NECK, NY 1102	20 Remove
			
			□ Remove
			□ Add
			Remove
			
			Add
		- DETA	Remove
			J 65
			√⊡ Remove
		· · · · · · · · · · · · · · · · · · ·	
			□ Add
			Remove

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ective date, if other than	the date of filing: (optional) c, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
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date this document is filed by	the Florida Department of State)
date this document is filed by	the Florida Department of State)
date this document is filed by	the Florida Department of State)
	Signature of a member or authorized representative of a member
date this document is filed by	

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Filing Fee: \$25.00

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