

L14 000 103974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

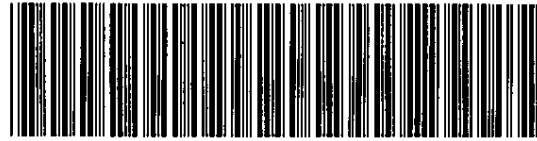
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/06/14--01009--002 **60.00

14 AUG - 6 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S.G.S PROPERTY 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 at **305** **948-3062**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>MOSHE SHABAT</u>	<u>3340 NE 190TH ST #1407</u>	<input checked="" type="checkbox"/> Add
		<u>AVENTURA , FL 33180</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>ANDREW SHOHET</u>	<u>34 SOMERSET DRIVE SOUTH</u>	<input checked="" type="checkbox"/> Add
		<u>GREAT NECK, NY 11020 US</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>LINOR SHOHET</u>	<u>34 SOMERSET DRIVE SOUTH</u>	<input checked="" type="checkbox"/> Add
		<u>GREAT NECK, NY 11020</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>SHABAT MOSHE</u>	<u>3340 NE 190TH ST #1407</u>	<input type="checkbox"/> Add
		<u>AVENTURA, FL 33180 US</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>SHOHET ANDREW</u>	<u>34 SOMERSET DRIVE SOUTH</u>	<input checked="" type="checkbox"/> Add
		<u>GREAT NECK, NY 11020</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>SHOHET LINOR</u>	<u>34 SOMERSET DRIVE SOUTH</u>	<input type="checkbox"/> Add
		<u>GREAT NECK, NY 11020</u>	<input checked="" type="checkbox"/> Remove

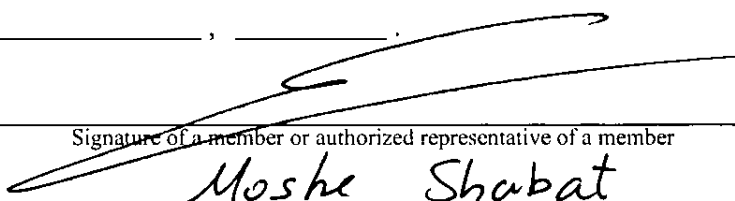
AUG - 6 PM 11:00
 34 SOMERSET DRIVE SOUTH
 GREAT NECK, NY 11020

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 08/01/2014



Signature of a member or authorized representative of a member

Moshe Shabat

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 AUG - 6 PM 1:00
STATE OF FLORIDA
FALLAHASSI, FLORIDA