

L14 000 103974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

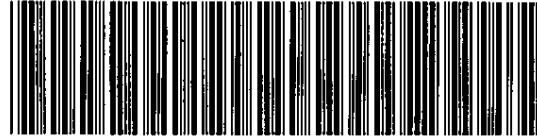
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400262805414

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

**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 Liability Company were filed on JUNE 30, 2014 and assigned Florida document number L14000103974.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

17070 COLLINS AVE SUITE 256

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES BEACH, FL 33160

Enter new mailing address, if applicable:

17070 COLLINS AVE SUITE 256

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISLES BEACH, FL 33160

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MOSHE SHABAT

New Registered Office Address:

17070 COLLINS AVE SUITE 256

Enter Florida street address

SUNNY ISLES BEACH

City

Florida

33160

Zip 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

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

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>
MGR	HILLEL SHOHET	34 SOMERSET DR SOUTH	<input checked="" type="checkbox"/> Add
		GREAT NECK, NY 11020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

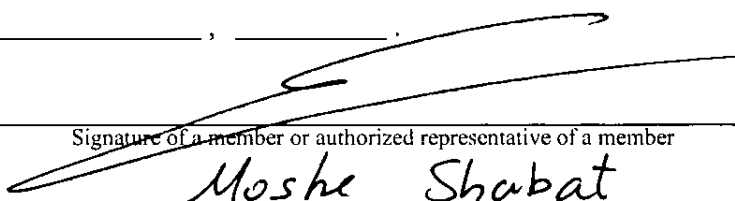
14 AUG -6
 11:04 AM '04
 YORK COUNTY
 FALL ASSSULT RECORDS

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