LZO 000341786

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COVER LETTER

TO:

TO: Registration S Division of Co								
SGIM, LL SUBJECT:	С	•						
SUBJECT:	Name of Lim	nited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please return all corresp	ondence concerning this matter	to the following:						
	Karl J Ohrman							
		Name of Person	 , , , , , , , , , , , , , , , , , ,					
SGIM, LLC A Florida Limited liability Company								
Firm/Company								
	174 Watercolor Way PMB	3 410						
Address								
	Santa Rosa Beach, Florida 32459							
		City/State and Zip Code						
	karlohrman@coordinatd.us	to be used for future annual report notific	ation)					
For further information	concerning this matter, please c	·						
Eddie Salas		469 595-0664 at ()						
Name	of Person	Area Code Daytime T	elephone Number					
Enclosed is a check for t	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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations lahassee Street, Suite 810 71					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SGIM, 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 $\frac{10/27/2020}{10/27/2020}$ and assigned Florida document number L20000341786 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Karl J Ohrman Name of New Registered Agent: 174 Watercolor wav PMB 410 New Registered Office Address: Enter Florida street address Santa Rosa Beach, 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, Pthis 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 Register d Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
Manager	Karl J Ohrman	77 Waterfront Drive Pittsburgh, PA 15222	∃ Add
			🗆 Remove
			□Change
Manager	Craig R Dermody	192 Cannonball Lane Inlet Beach FL 32460	
			Remove
			□Change
AMBR	Lindlee Cross Dermody	192 Cannonball Lane Inlet Beach FL 32460	🗆 Add
			Remove
			□Change
AMBR	Dermody Development LLC (Craig	192 Cannonball Lane Inlet Beach FL 32460	= Add
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applicable st cords.	atutory filing requirem	ents, this date w	ill oot be listed
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ctive time, at	12:01 a.m. on the earli	er of: (b) The	90th day after t
	applicable st cords.	e prior to date of filing or more than 90 on applicable statutory filing requirem cords.	(optional) e prior to date of filing or more than 90 days after filing.) I applicable statutory filing requirements, this date w cords.

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

Filing Fee: \$25.00