# LZ1000132014

(Re	equestor's Name)	
(Āc	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Dc	ocument Number	)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT:SGS_Name of Lin	INVESTORS, LLC
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
MA	Name of Person
	GS ENVESTORS, CCC Firm/Company
	NW 20th Street #119
— — — — — — — — — — — — — — — — — — —	City/State and Zip Code  Fo @ mybluestar. us  (to be used for future angual report notification)
For further information concerning this matter, please	call:
MARIANO GONZALEZ	at (786) 7311637  Area Code Daytime Telephone Number
Name of Person	Area Code Baytime Petermone (Validet)
Enclosed is a check for the following amount:	
© \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The state of the s

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<u> </u>	-65 I	NUESTO	ns, LL C on our records.)	
(Name of the Limite	A Florida Limited I	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on M	ach 30-20	>2/ and assigned
Florida document number <u>L 21 000</u>	132014			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>·e</u> :	
The new name must be distinguishable and contain the wo	orde "Limited Liabil	ity Company " the de-	Signation "LLC" or the a	hhrmiation "LLC"
		ny Company, the des	agnation are of the a	DOTEVIATION L.L.C.
Enter new principal offices address, if applica			-	
(Principal office address MUST BE A STREE)	<u>T ADDRESS)</u>			<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	3 <i>OX)</i>			
		-		
B. If amending the registered agent and/or re agent and/or the new registered office addres	gistered office a s here:	ddress on our rec	cords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	M/	RIANO	GONZAL	62
New Registered Office Address:	11251	NW ZO	44 Street	EZ #119
		City	, Florida	33/72 Zip Code
New Registered Agent's Signature, if changing R	enictored Ament.			

### 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added ane, at or removed from our records: 21 JUH - 1 AMI1: 01
Address MGR = Manager AMBR = Authorized Member Type of Action Name Title MGR DANIEL E. GIBMPORCERO DANIEL 11251 NW 20th Street # 119 ( \*Remove MiAmi FL 33/72 Change MGR MARIANO CONZOLEZ 11251 NW 20th Street (XAdd) #119, M:AM: FL 33/72 - Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Change \_ Change

nending any other information, enter change(s) b	here: (Attach additional sheets, if nécessary.)
	21 JUH - 1 AMII: 01
	_
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be the:  If the date inserted in this block does not meet the apartment's effective date on the Department of State's recomment.	prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 pplicable statutory filing requirements, this date will not be listed
s filed.	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed Mzy 2P - 2021	<u></u>
//	authorized representative of a member
,	NO GONZALEZ printed name of signec
A 4	



Bepartment of State

I certify from the records of this office that SGGS INVESTORS, LLC, is a limited liability company organized under the laws of the State of Florida, filed on March 30, 2021.

The document number of this company is L21000132014.

I further certify that said company has paid all fees due this office through December 31, 2021, and its status is active.

Authentication Code: 421A00006698-033121-L21000132014-1/1



Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Thirty-first day of March, 2021

Secretary of State