L05000029785

(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:

Wrong form

Office Use Only

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19 AUG -6 PM 10:47
TALLAHASSEE, FLORIDA

K. SALY
AUG 12 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2019

STEVE GOMEZ INSTALLATION LLC
ANGELA GOMEZ
16651 NE 5 ST
WILLISTON, FL 32696

SUBJECT: STEVE GOMEZ INSTALLATION LLC
Ref. Number: L05000029785

We have received your document for STEVE GOMEZ INSTALLATION LLC and your check(s) totaling $50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a TRADEMARK, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 519A00014400

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: STEVE GOMEZ INSTALLATION LLC
Name of Limited Liability Company

RECEIVED
19 AUG -6 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Gomez
Name of Person

STEVE GOMEZ INSTALLATION LLC
Firm/Company

16551 NE 5 Street
Address

Williston / FL 32696
City/State and Zip Code

angela@sgiconcepts.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Gomez at (480) 487 - 1222
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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STEVE GOMEZ INSTALLATION 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 03/24/2005 and assigned Florida document number L05000029785.

This amendment is submitted to amend the following:

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

SGI Concepts LLC

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

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

SGI Concepts LLC
16551 NE 5 Street
Williston, FL 32696

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

SGI Concepts LLC
16551 NE 5 Street
Williston, FL 32696

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: Angela Gomez

New Registered Office Address: 16551 NE 5 Street
Enter Florida street address

Williston, **Florida** 32696
City *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.

A. Gomez
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 or removed from our records:

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TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	STEVE GOMEZ		☐ Add
		16651 NE 5 Street Williston, FL 32696	■ Remove
			☐ Change
MGR	ANGELA GOMEZ	16551 NE 5 Street Williston, FL 32696	■ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated August 01, 2019.

A. Gomez

Signature of a member or authorized representative of a member

Angela Gomez

Typed or printed name of signee

Filing Fee: $25.00