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(Address)

(Address)

(City/State/Zip/Phone #)

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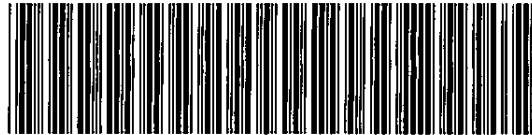
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SIRAGALI, 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:

**SALVATORE SIRAGUSA**

(Name of Person)

(Firm/Company)

**1067 95TH STREET**

(Address)

**MIAMI FL 33154**

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

**Sabrina D. Lopez** at ( **305** ) **303-8406**  
(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**

**SIRAGALI, LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 07/20/2007 and assigned document number L07000074926.

**SECOND:** This amendment is submitted to amend the following:

Article V.

Title: Member

Sabrina D. Lopez

1067 95th St. Miami, Fl 33154

Title: Member

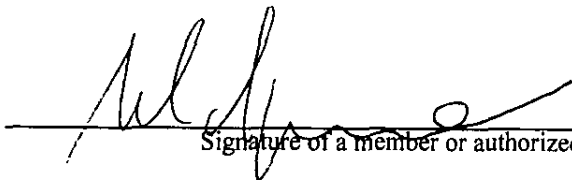
Salvatore Siragusa

2750 NE 183 St. #408. Aventura, Fl 33160

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

Dated October 9th, 2007.



Signature of a member or authorized representative of a member

**Salvatore Siragusa**

Typed or printed name of signee