

LO7000078095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

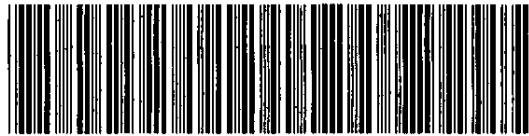
Special Instructions to Filing Officer:

A. LUNT

JUL 14 2008

EXAMINER

Office Use Only



300132635433

07/11/08--01009--002 **55.00

FILED
2008 JUL 11 P 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOG Investment Properties 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:

Jonathan Rodriguez

(Name of Person)

SOG Investment Properties LLC

(Firm/Company)

98 Vaden Drive

(Address)

Nashville TN 37211

(City/State and Zip Code)

2008 JUL 11 P 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Jonathan Rodriguez

(Name of Person)

at (615) 568-3154

(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**

SOG Investment Properties 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 07-30-08 and assigned Florida document number L07000078095.

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:

(Principal office address MUST BE A STREET ADDRESS)

5251 S. Dale Mabry Hwy.

Suite B

Tampa Fl. 33611

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Jonathan Rodriguez

98 Vaden Drive.

Nashville TN. 37211

FILED
2008 JUL 11 P 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Jonathan Rodriguez

New Registered Office Address:

5251 S. Dale Mabry Hwy. Suite B

(Enter Florida street address)

Tampa


(City)

, Florida 33611

(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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Michael McCaffrey	5251 S. Dale Mabry Hwy. Suite B Tampa, FL 33611	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	Jonathan Rodriguez	5251 S. Dale Mabry Hwy. Suite B Tampa FL 33611	<input checked="" 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

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

Dated July 3, 2008

Jonathan Rodriguez
Signature of a member or authorized representative of a member

Jonathan Rodriguez
Typed or printed name of signee

FILED
2008 JUL 11 P 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA