## 408000048405

(Requestor's Name)					
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**EXAMINER** 

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## **COVER LETTER**

Division of Co					
SUBJECT: SG AV	N, LLC				
		ited Liability Company)	,		
	Amendment and fee(s) are sub ondence concerning this matter	· ·			
	Robert Spiegel				
		(Name of Person)			
	Poinciana Managemen	it Inc.	₽,,,	(سنب	
		(Firm/Company)	LLA		
	P. O. Box 11		HAS	- MIG	errinates primares
		(Address)	TARY OF ASSEE, FI	ھ	
	Palm Beach, Florida 3			IJ ##	O
		(City/State and Zip Code)	ORIDA	: 15	
For further information of	concerning this matter, please c	all:	•		
Donna Irwin		at ( 561 ) 832-8502			
(Name	of Person)	(Area Code & Daytime T	Celephone Number)		
Enclosed is a check for t	he 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		STREET/COURIER ADDRESS: Registration Section			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SG AVN, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears or Liability Company)	1 our records.)	
The Articles of Organization for this Limited Liability Company	were filed on <u>05/14</u>	1/2008	and assigned
Florida document number <u>L08000048405</u> .	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company,'	'the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	P.O. Box 11	ECRETAR LAHASSI	
(Mailing address MAY BE A POST OFFICE BOX)	Palm Beach, i	Florida 3348	
		STET	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the	fe name of the ne
Name of New Registered Agent:	· •		
New Registered Office Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(Enter	Florida street ada	ress)
<del></del>	(City)	, Florida	(Zip Code)
	(City)	•	(Zip Coae)

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 **Type of Action** Title 1 <u>Name</u> Address MGR Robert Spiegel P.O. Box 11 ✓ Add Palm Beach, Florida 33480 Remove 340 Poinciana Way Suite 326 Palm Beach, FL 33480 MGRNGutierez Group, LLC ☐ Add Remove Remove ☐ Add ☐ Remove ☐ Add Remove . ₩ Add Rem D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated *June* 3. 2008 Signature of a member or authorized representative of a member Robert Spiegel Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00