

L09000018049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

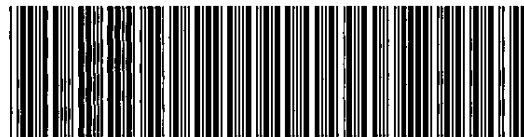
Special Instructions to Filing Officer:

A. LUNT

SEP 13 2010

EXAMINER

Office Use Only



600184526686

08/20/10--01054--006 **25.00

FILED
2010 SEP 10 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2010

SHEVAUN GANDY
16924 NE 19TH AVE.
NORTH MIAMI BEACH, FL 33162

SUBJECT: SDG CAPITAL, LLC
Ref. Number: L09000018049

We have received your document for SDG CAPITAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 410A00020439

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SDG CAPITAL
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:

SHEVAUN GANDY
Name of Person
SDG CAPITAL LLC
Firm/Company
16924 NE 19 AVE
Address
NORTH MIAMI BCH, FL 33162
City/State and Zip Code
shevaungandy@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shevaun Gandy at (305) 244-2398
Name of Person Area Code & Daytime Telephone Number

PAID
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

Aug 16/2010

IE. SDG CAPITAL LLC

To Whom It may concern:

I am sending this application in order to
change the address of my company
from: 1331 Brickell Bay Drive #CU-2
Miami, FL 33131

To: 16924 NE 19 Ave
North Miami Bch, FL 33162

Please contact me personally @
305-244-2398 if you should need
further info.

Thank you,

SHEVAUN GANDY
S. Gandy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SDG CAPITAL LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2018 SEP 10 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/24/09 and assigned
Florida document number LO9000018049.

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**)

16924 NE 19 AVE
NORTH MIAMI BCH, FL 33162

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

16924 NE 19 AVE
NORTH MIAMI BCH, FL 33162

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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 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

Title	Name	Address	Type of Action
	N/A		<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
 2010 SEP 0 PM 3:46
 SECRETARY OF STATE
 TALLAHASSEE, FL 32310

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

Dated _____, _____

Signature of a member or authorized officer

[Handwritten Signature]

Typed or printed name of signee