

From:

01/07/2015 13:08

#108 P.001/005

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L09000063250**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000003270 3)))



H150000032703ABCS

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Division of Corporations  
Fax Number : (850) 617-6383

From:

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**LC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SG SARASOTA, LLC**

Certificate of Status	0
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Corporate Filing Menu

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From:

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850-817-8381

1/7/2015 10:55:28 AM PAGE

1/001 Fax Server



January 7, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SG SARASOTA, LLC  
650 S NORTHLAKE BLVD, SUITE 450  
ALTAMONTE SPRINGS, FL 32701

SUBJECT: SG SARASOTA, LLC  
REF: L09000063250

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

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.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H15000003270  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SG SARASOTA, 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 06/29/2009 and assigned Florida document number L09000063250.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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

City, Florida 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.*

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHN FLYNN	650 S. NORTHLAKE BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 450	<input type="checkbox"/> Remove
		ALTAMONTE SPRINGS, FL 32701	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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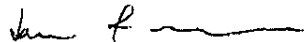
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 1/8/2015 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 5, 2014



Signature of a member or authorized representative of a member

Salvador F. Leccese

Typed or printed name of signer

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