

L09000113684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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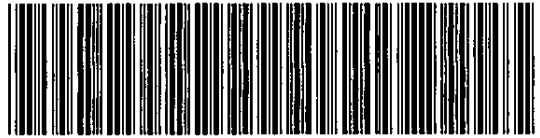
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
10 MAR - 8 PM 3:14

T. HAMPTON

MAR - 9 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIGI GROUP, 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:

JUAN SANTAELLA

Name of Person

PASAN INVESTMENT, INC.

Firm/Company

2310 W WATERS AV STE D

Address

TAMPA FL 33604

City/State and Zip Code

INFO@PASAN-SERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN SANTAELLA

Name of Person

at (**813**) **849-2878**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

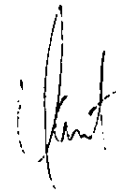
☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$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**

SIGI GROUP, 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 NOV 30, 2010 and assigned Florida document number L09000113684.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

2310 W WATERS AV

SUITE D

TAMPA FL 33604

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2310 W WATERS AV

SUITE D

TAMPA FL 33604

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DIVISION OF CORPORATIONS
10 MAR -8 PM 3:44

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAIME ALEGRETT	2298 NW 58TH ST BOCA RATON, FL 33496	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GIORGIO MOLINARI	AV ESTE 3 PQ RES LAS VILLAS PH1 LOS NARANJOS CARACAS VENEZUELA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SILVIA MOLINARI	VIALE GIORGIONE 32. 36100 VILLENZA, ITALY	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARIA L DE MOLINARI	AV PPAL LOMAS PRADOS DEL ESTE RES LAS ANTILLAS CARACAS VENEZUELA	<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

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

N/A

Dated MARCH 1, 2010

Signature of a member or authorized representative of a member

JUAN SANTAELLA - INCORPORATOR

Typed or printed name of signee

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR - 8 PM 3:24