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## **COVER LETTER**

TO: Registration Section
Division of Corporations

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 33604-2757

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

813<sub>849-2878</sub>

Name of Person

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			ို ပိပ
(Name of the Limited	Liability Compa	any as it now appears on our record Liability Company)	<u>s.</u> )
(7	i i iorida Ellinica	Elability Company)	100 CAR-1600
The Articles of Organization for this Limited L	iability Compan	y were filed on 11/30/2009	and assigned
Florida document number L09000113684			
This amendment is submitted to amend the foll	owing:		<b>5</b>
·			3>
A. If amending name, enter the new name of	f the limited lia	bility company here:	
NONE			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		NONE	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		NONE	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and	or registered o	office address on our records, e	nter the name of the nev
registered agent and/or the new registered o	ffice address he	ere:	
Name of New Registered Agent:	NONE		
New Registered Office Address:			
		Enter Florida stre	et address
		, Flori	da
		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

. MGR = Ma · MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAIME ALEGRETT	2298 58TH ST	_ Add
		BOCA RATON, FL 33496	Remove
			-
			Add
			Remove
			ಪ - ೭. ್ನ
<del> </del>			Add
		्रा 	Remove
			មា
			Add
		<del></del>	Remove
			Add
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.)	
NONE		
Dated JULY 16 . 2013		
Signature of a member or authorized representative of a member		
JUAN A SANTAELLA \		
Typed or printed name of signe		
Page 3 of 3		
Filing Fee: \$25.00	<u> </u>	ळ