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Office Use Only



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C. LEWIS

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EXAMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp				i <b>n</b> e i i i i i i i i i i i i i i i i i i i
	1 S I Group I	nternational L.L.C.		
SUB#ECT:		ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
		Lutji Jules		
		Name of Person		
		Firm/Company		
	***************************************	950 Jade Ct		
		Address		
		Weston, FL 33326 City/State and Zip Code		
		lleslutji@hotmail.com to be used for future annual report not	ification)	
For further information co	ncerning this matter, please o	all:		
	utji Jules	at ( 954 )	6655385	
Name of	Person	Area Code & Dayti	me Telephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	ed) Certified	te of Status &

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 ADTICLES OF ODCANIZATION

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No.	_		

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utohaus L.L.C.		
nited Liability Compar	ny," the designation "LLC" or the abbreviation	
950 Jade Ct		
Weston FL 33	326	
950Jade Ct		
	326	
<u></u>		
	ur records, enter the name of the nev	
<u>re</u> :		
Enter Florida street address		
	, Florida	
City	Zip Code	
	bility company here utohaus L.L.C. nited Liability Company  950 Jade Ct Weston FL 33  950 Jade Ct Weston FL,33  office address on or re:  Ente	

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 = Ma $MGRM = N$	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
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			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_ 2
		FALLAHASSEE.	FIL NOV 29
Dated N	ovember 20th, 20	> P	AM U: II
	Signature of a member	r or authorized representative of a member	
	Typed	Lutji S Jules or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00