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(R	equestor's Name)	
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PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
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Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	
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MECRETARY OF STATE

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## **COVER LETTER**

TO:		stration Sec sion of Corp			
SUBJEC	ĊТ.	•	Management, LLC		
SUBJEC	C1; _		Name of Lim	ited Liability Company	
The encl	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn :	all correspon	dence concerning this matter	to the following:	
			Eva Salas		
				Name of Person	
			SGS Capital Management,	LLC	
Firm/Company					
			1501 Venera Avenue, Suit	e 201	
			**************************************	Address	<del></del>
			Coral Gables, FL 33146		
				City/State and Zip Code	
			eva@schiffco.net		
			E-mail address: (	to be used for future annual report notif	ication)
For furth	ner inf	formation con	ncerning this matter, please ca	all:	
Eva Sala	as			305 274-3000 at ()	
		Name of I	Person	Area Code Daytime	e Telephone Number
Enclosed	l is a	check for the	following amount:		
\$25.9	00 Fi	ling 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

SGS Capital Management, 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  $\frac{12/07/2010}{1}$ and assigned Florida document number L10000125657 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 contain 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 , Florida City

### 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

Page 1 of 3

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Barbara Schiff	1501 Venera Avenue	
		Suite 201	■ Remove
		Coral Gables, FL 33146	☐ Change
MGR	James Kramer	9200 South Dadeland Blvd.	<b>⊒</b> Add
		Suite 320	☐ Remove
		Miami, FL 33156	☐ Change
			Add
			☐ Remove
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Filing Fee: \$25.00