

L11000064711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

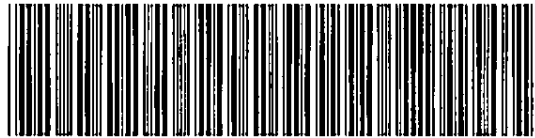
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. WHITE
DEC 17 2019

2019 DEC 16 AM 11:07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2019

JIMENEZ ACCOUNTING SERVICES INC
6427 PEMBROKE RD
HOLLYWOOD, FL 33023

SUBJECT: S & G MANAGEMENT, LLC
Ref. Number: L11000064711

We have received your document for S & G MANAGEMENT, LLC and check(s) totaling \$655.00. However, your check(s) and document are being returned for the following:

Our records indicate that your reinstatement was rejected and the process could not be completed because the name of your entity is no longer available. You will need to file articles of amendment simultaneously with the reinstatement form changing the name of the entity. the proper forms/instructions are enclosed and there is an additional filing fee of \$25.00 that is also due at the time 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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 219A00024454

2019 DEC 13 PM 1:51

*According to my
records for
Amendment was
sent also see
Attached*

*Regarding OK
because I f has
not been
clear as
CP/ize
or/odi (to)*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & G MANAGEMENT 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:

SANTA MONERO

Name of Person

S & G MANAGEMENT LLC

Firm/Company

10011 SW 6TH STREET

Address

PEMBROKE PINES FLORIDA 33025

City/State and Zip Code

JIMENEZACCOUNTING@GMAIL.COM

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

For further information concerning this matter, please call:

SANTA MONERO

Name of Person

786

at ()
Area Code

488-7628

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

S & G MANAGEMENT LLC

20190216 14:11:07

(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 06/02/2011 and assigned
Florida document number L11000064711.

This amendment is submitted to amend the following:

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

S & G MANAGEMENT ENTERPRISES LLC

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

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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

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F. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing as required by 35 U.S.C. 102(b)(2).)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated NOVEMBER 25TH 2019

Active Minerals

Signature of a member or authorized representative of a member

SANTA MONERO

Typed or printed name of signee