

L13000003483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

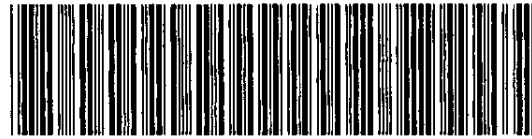
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

13 AUG 13 PM 4:12

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AUG 15 2013
D. BUTLER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SGS INTERNATIONAL BUSINESS 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:

DANILO SANTANA

Name of Person

US TAX CONSULTING INC

Firm/Company

5401 S. KIRKMAN RD. STE 105

Address

ORLANDO, FL 32819

City/State and Zip Code

INFO@USTAXCONSULTING.NET

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

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STATE OF FLORIDA
TALLHASSEE

For further information concerning this matter, please call:

DANILO SANTANA

Name of Person

407 674-8969

at ()

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**

SGS INTERNATIONAL BUSINESS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JANUARY 08TH 2013 and assigned
Florida document number L13000003483.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5401 S. KIRKMAN RD. STE 105

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32819

Enter new mailing address, if applicable:

SAME AS ABOVE

(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:

US TAX CONSULTING INC

New Registered Office Address:

5401 S. KIRKMAN RD. STE 105

Enter Florida street address

ORLANDO

Florida 32819

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	EDUARDO SAAD	7025 EDGEWORTH DR. ORLANDO, FL 32827	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MBR	EDUARDO SAAD	7025 EDGEWORTH DR. ORLANDO, FL 32827	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MBR	JORGE LUIZ SAAD	11913 YELLOW FIN TRAIL ORLANDO, FL 32827	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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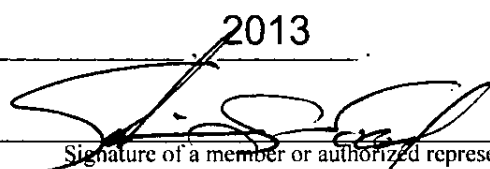
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 REGISTERED SECRETARIES
 FLORIDA

[Handwritten signature]

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

By vote and irrevocable determination of members holding majority
of capital interest.

Dated August 09th 2013



Signature of a member or authorized representative of a member

SALIM G. SAAD - MBR / MGR / MGRM PRESIDENT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SUPREME COURT
OF FLORIDA

