13000120670

(Re	questor's Name)	<u>-</u>
Ç	,	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	· · · · · · · · · · · · · · · · · · ·	

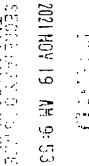
Office Use Only

١



100374701181

10/13/21--01014--002 **35.00



T, ARUCE TEO GR 2021



October 23, 2021

SHAMSU LALANI 1000 5TH ST, STE 200 MIAMI BEACH, FL 33139

SUBJECT: SG&LL VENTURES LLC

Ref. Number: L13000120670

We have received your document for SG&LL VENTURES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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 (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 421A00025839

COVER LETTER

SUBJECT:	SGELL VENTURES LU Name of Lim	<u> </u>			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	5HAI	MSU. LALANI			
		Name of Person			
	5.	6 & LL VENSCOR, 110			
		Firm/Company			
	1000 5 51 51	Address			
		Address			
	MIAMI BEACH	FL 33135 City/State and Zip Code		WI. 5033	51 num 1606
	-	City/State and Zip Code	_		19 . I
	SLE LAL	AMIDENELOPERS. COM) -	- " ·
		to be used for future annual report notifica	ition)	7/12	D -
For further information c	oncerning this matter, please c	all:		10176 10176	р ВС 224 О № П
SHA	INISH. LALAMI	at (786) 461-32	CC	, , ,	£.}
Name o	f Person	at (786) 461 - 32 Area Code Daytime T	elephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Fil		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificat Certified	e of Status & Copy	&
			(additional	copy is enclose	ed)
Mailing Addres	<u>s:</u>	Street Address:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)			
(A Florida Limited I	Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on OS 26 2013	and assigned		
Florida document number <u>L13000C120670</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1000 5 \$ 51 50.76 200			
(Principal office address MUST BE A STREET ADDRESS)	<u>i</u>			
Enter new mailing address, if applicable:	1000 5th St Suite 200			
(Mailing address MAY BE A POST OFFICE BOX) MIAMI BEACH ISL 33139				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	ame of the new registers		
Name of New Registered Agent:		ECCE TALL		
New Registered Office Address:				
	Enter Florida street address, Florida			
	City:	-1 - Zip Code		
New Registered Agent's Signature if changing Registered Agent:		e Co		

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 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
MGRM	SHAMSU. LALANI	1000 5 ⁴ 51 , Sune 200	□Add
		MIAMI BEACH FL 33139	□Remove
			Change
			□Add
			□Remove
			□Change
<u>·</u>			
			Remove Remove Add Remove
			CRemove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			Remove
			∏Change

UPDATING TH	LE & ADDRESS	FOR	SHAHISU.	LALANI'		
·-						
						
		 .		<u> </u>	<u></u>	
		<u></u>				
					<u> </u>	
						2021
					<u></u>	<u> </u>
					2	-40
	-			•	; , •.	9
					* , * 1	7.7 -
						ڣ
		<u>-</u>				GT GS
					·	
				· · · · · · · · · · · · · · · · · · ·		
ve date, if other tha	n the date of filing:	11/01/20	52i	(or	otional)	
ive date, if other that	ite must be specific and ca	nnot be prior t	o date of filing or	more than 90 days at	fter filing.) Pursua	int to 605
If the date inserted in t ent's effective date on			ble statutory fili	ing requirements,	this date will no	t be list
		60	12.04			
d specifies a delayed ef led.	rective date, but not an	effective tin	ne, at 12:01 a.m	. on the earlier of:	(b) The 90th	day after
cu.						
11/01/2021	<u> </u>	2021	_ '			
	Signature of a mer					
	Signature of a mer	nber or author	rized representativ	ve of a member		