

C17 000178524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

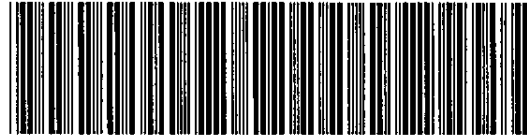
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 17 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SG World USA, 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:

Mark Haase

Name of Person

SG World USA, LLC

Firm/Company

3387 US Highway 17-92 West

Address

Haines City, FL 33844

City/State and Zip Code

markhaase@sgworld.com

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

For further information concerning this matter, please call:

Mark Haase

Name of Person

863

at ( )

Area Code

438-7990

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**

SG WORLD USA, 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 December 31, 2013 and assigned  
Florida document number L13000178524

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: 3387 US Highway 17-92 West  
Haines City, FL 33844  
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 3387 US Highway 17-92 West  
Haines City, FL 33844  
(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: Kenneth Lohrey  
New Registered Office Address: 3387 US Highway 17-92 West  
Enter Florida street address  
Haines City, Florida 33814  
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 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.*

Kenneth B. Lohrey  
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Manager's or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>                      |
|--------------|--------------|------------------------|--------------------------------------------|
| MGR          | Mark Haase   | 50 Sandmore Place      | <input checked="" type="checkbox"/> Add    |
|              |              | Lymm, Cheshire WA130LQ | <input type="checkbox"/> Remove            |
| MGR          | Arnold Haase | 4 Parkwood Mews        | <input type="checkbox"/> Add               |
|              |              | Roundhay, Leeds LS81LX | <input checked="" 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            |
|              |              |                        | <input type="checkbox"/> Add               |
|              |              |                        | <input type="checkbox"/> Remove            |

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TALLAHASSEE, FLORIDA

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

*Mark Haase*

Signature of a member or authorized representative of a member

Mark Haase

Typed or printed name of signer

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Filing Fee: \$25.00

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