L14000058691

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COVER LETTER

TO: Registration Section **Division of Corporations** SDG and Associates 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: Chris Shoaf Name of Person SDG and Associates Firm/Company 835 SW Tamarrow Place Address Stuart, FL 34997 City/State and Zip Code SDGAA14@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $\operatorname{at}(\frac{772}{\operatorname{Area Code}}) \frac{323\text{--}5033}{\operatorname{Daytime Telephone Number}}$ Chris Shoaf Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SDG and Associates		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L14000058691</u> .	any were filed on 4/15/14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "Limited l	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	, and a page and Polaryan Polaryan	
(Principal office address MUST BE A STREET ADDRESS)	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		er the name of the no
Name of New Registered Agent:	- And Arms	
New Registered Office Address:	Enter Florida street address	PR 21
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	TE 42

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 the Managers 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 **Type of Action** Title Name **Address** Maylin Diaz 835 SW Tamarrow Pl **MGR** □ Add Stuart, FL 34997 Remove 835 SW Tamarrow PI MGR Noremi Diaz Shoaf 🖪 Add Stuart, FL 34997 ☐ Remove □ Add _□ Remove □ Add ☐ Remove رب 1 ☐ Add ☐ Remove

Effactive data if ath	or than the date of filing.
The effective date, if our	er than the date of filing: (optional) 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)
4/15	2014
	/U.I.4
Dated 4/10	
Dated 4/10	
Dated 4/13	

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Filing Fee: \$25.00

