

L14000142479
((H210003691343))

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H210003691343))



H210003691343ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES
 Account Number : 120120000042
 Phone : (941)685-0955
 Fax Number : (866)473-0571

2021 OCT -4 AM 9:27

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

2021 OCT -4 AM 10:17

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: **apard@brdlaw.com**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SGMA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

OCT 05 2021

A. LUNT

COVER LETTER ((H21000369134 3)))

TO: Registration Section
Division of Corporations

SUBJECT: SGMA, 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:

SCOTT G MALYSZKO

Name of Person

SGMA, LLC

Firm/Company

8400 GULF BLVD

Address

ST PETE BEACH, FL 33706

City/State and Zip Code

apard@brdlaw.com

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

For further information concerning this matter, please call:

SCOTT G MALYSZKO

727

224-5789

at ()

Name of Person

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 Address:

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

((H21000369134 3)))
 ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF

SGMA, 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 09/11/2014 and assigned
 Florida document number L14000142479.

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 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

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 2021 OCT-4 AM 10:17

If amending Authorized Person(s) authorized to manage, one (1) title, name, and address of each person being added or removed from our records: ((H210003691343))

MGR = Manager

AMBR = Authorized Member

[illegible]

((H21000369134 3)))

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 OCT -4 AM 10:17

E. 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 or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 01

2021

Signature of a member or authorized representative of a member

SCOTT G MALYSZKO

Typed or printed name of signee