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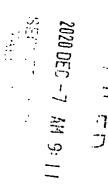
(Requestor's Name)	_
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(expositionally)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	-
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	l
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JA-1/20/21

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SG Flotida Group 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:	
Zach Gilad Name of Person	
SG Flotida Grap LLC Firm/Company	
8523 NW Gard Pluce Address	
PCIDELLAND BFL 33067 City/State and Zip Code Soflorida Goup and Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Zach Gilad at (954), 647-5444 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SG Florida (Nume of the Limited Lightlite)	Company as it now appears on our records.)
(A Florida Li	imited Liability Company)
The Articles of Organization for this Limited Liability ConFlorida document number $\underline{L150002495}$	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ad 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 ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	- Op
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
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

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>	Name	Address	Type of Action
MGR	Felix Calmo Ramitez	8523 NW 62mlpl. pasklent &	06/BATT
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			Change

menul	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
n effectiv <u>te:</u> If th	date, if other than the date of filing:
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	12 pm.
	Signature of a member or authorized representative of a member
	Zoch Gilad Typed or printed name of signee