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2016 SEP -6 PM 3:51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER

SEP -9

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SGG Advisory Services, 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:

Cristian Serpa

\_\_\_\_\_  
Name of Person

SGG Advisory Services, LLC

\_\_\_\_\_  
Firm/Company

640 84th ST Unit 33

\_\_\_\_\_  
Address

Miami, FL 33141

\_\_\_\_\_  
City/State and Zip Code

cserpa2011@gmail.com

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

For further information concerning this matter, please call:

Cristian Serpa

786 218 - 5504  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SGG Advisory Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2016 SEP -6 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 7, 2015 and assigned  
Florida document number 61 - 1765633.

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:**

640 84th ST Unit 33

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, FL. 33141

**Enter new mailing address, if applicable:**

640 84th ST Unit 33

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami, FL. 33141

**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

City

, Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Franner A. Gutierrez	_____	<input type="checkbox"/> Add
		655 83rd. ST Unit 54. Miami, FL 33141	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	Ludy Gonzalez	_____	<input type="checkbox"/> Add
		655 83rd. ST Unit 54. Miami, FL 33141	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

2006 SEP -  
SECTION OF FLORIDA  
ALL INFORMATION

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2019 SEP -6 PM 3:51  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF CALIFORNIA  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-21-2019 BY 60322 UCBAW

**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 \_\_\_\_\_, 2016

Signature of a member or authorized representative of a member

Franner A. Gutierrez (MGR)

Typed or printed name of signee