

Division of Corporations

Page 1 of 2

H190001867013

L1500417914

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : SERBER & ASSOCIATES, P.A.
Account Number : 120000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

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

Email Address: INFO@serberlawfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIGAMI, LLC**

Certificate of Status	0
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JUN 14 2019

Electronic Filing Menu

Corporate Filing Menu

Help

H190001867013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGAMI, 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 07/08/2015 and assigned
Florida document number L15000117914

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:

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

2875 NE 191st Street, Suite 801

Aventura, FL 33180

Enter new mailing address, if applicable:

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

2875 NE 191st Street, Suite 801

Aventura, FL 33180

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:

Serber & Associates, P.A.

New Registered Office Address:

2875 NE 191st Street, Suite 801

Enter Florida street address

Aventura

City

Florida 33180

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FILEDAPPROVED
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

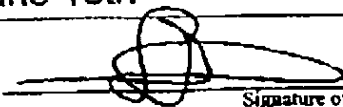
Please update all of the managers address to:

2875 NE 191st Street, Suite 801

Aventura, FL 33180

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 June 13th 2019



Signature of a member or authorized representative of a member

Silvina Laura Garzon

Typed or printed name of signer

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APPROVED
AND
FILED