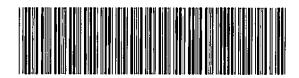
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COVER LETTER

TO:	Registration Se Division of Cor			•
enn o		Realty Group, LLC		•
SUBJI		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Joseph Carter		
			Name of Person	
			Firm/Company	
		804 Waterhouse court		
			Address	
		Port Orange Florida, 32127	7	
		jdc16@logicalintent.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please ca	all:	
Joseph	Carter		386 679-2771	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Whitestone Realty Group, LLC

2023 HOY -6 AM 9: 01

(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 August 17, 2015 and assigned Florida document number <u>1.1500</u>0139728 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sigma Ghost Holdings, LLC 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

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.

City

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
			□Add
			□Remove
			□Change
			□Add
			□ Remove
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ctive date, if other than t effective date is listed, the date n e: If the date inserted in this iment's effective date on the	aust be specific and block does not n	cannot be prior to nect the applicab	date of filing or more le statutory filing r	(option than 90 days after equirements, this	filing.) Pursuant to 605.03
cord specifies a delayed effec filed.	tive date, but not	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after t
November 2nd		2023			
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4		1/12			
	Signature of a r	nemper of authoriz	ted representative of	а инсинест	