

L15000/40359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

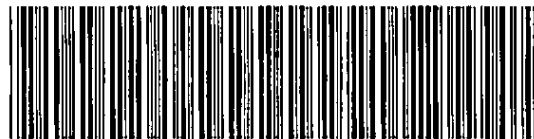
(Business Entity Name)

(Document Number)

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11/9/18 ds

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: SGC FARMS, 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:

BLAGIO FARCI

Name of Person

Firm/Company

4241 LB MCLEOD RD SUITE A

Address

ORLANDO, FL 32811

City/State and Zip Code

verify@greemockfinancial.com

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

For further information concerning this matter, please call:

NICHAM EL FILALI

407
at ()

378-6548

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
FEB 21, 2008

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SGC FARMS, 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 08/17/2015 and assigned
Florida document number 115000140359.

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)

4241 LB MCLEOD RD

SUITE A

ORLANDO, FL 32811

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4241 LB MCLEOD RD

SUITE A

ORLANDO, FL 32811

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:

BIAGIO FARCI

New Registered Office Address:

4241 LB MCLEOD RD SUITE A

Enter Florida street address

ORLANDO

City

Florida 32811

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	GIUSEPPINA BISTRUSSU	4241 LB MCLEOD RD	<input type="checkbox"/> Add
		SUITE A	<input type="checkbox"/> Remove
		ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change
MGR	SARA MURGIA	4241 LB MCLEOD RD	<input type="checkbox"/> Add
		SUITE A	<input type="checkbox"/> Remove
		ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change
MGR	BIAGIO FARCI	4241 LB MCLEOD RD	<input checked="" type="checkbox"/> Add
		SUITE A	<input type="checkbox"/> Remove
		ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated OCTOBER 23, 2018

BLAGIO FARCI

Typed or printed name of signee