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COVER LETTER

TO:

Registration Section

Division of Co	rporations			
SUBJECT:	SUNGATE S	SURETY I. LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	t.	ORI ANN LINN		
		Name of Person		
	НАІ	DOCK PROFESSIONAL ASSO	CIATION	
		Firm/Company		
	3300	University Blvd., Suite 218	2002 HOLL 13	
		Address		
		Winter Park, Florida 32792	· · · · · · · · · · · · · · · · · · ·	
		City/State and Zip Code		1
		loril@fullsail.com		<u>د</u>
		to be used for future annual report noti	fication) (1)	
For further information of	concerning this matter, please e	all:		
Lori An	n Linn	407 571-3908 at ()		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t				
\$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	Street Address: Registration Se		
Division of C P.O. Box 632		Division of Cor The Centre of T		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TE SURETY 1, LLC			
(Name of the Limited Liability ((A Florida Lia	Company as it now appears on our records.) mited Liability Company)			
ne Articles of Organization for this Limited Liability Com	npany were filed on February 17, 2017	a	nd assig	ned
orida document number L17000039049				
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limited	d liability company here:			
SG Arts Investors, LLC				
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	: abbreviat	ion "L.L.	C."
nter new principal offices address, if applicable:				
rincipal office address MUST BE A STREET ADDRES	(22			
		,1*	25	
nter new mailing address, if applicable:			2024 1	
Sailing address MAY BE A POST OFFICE BOX)	-			•
tuning undress MAT BE A FOST OFFICE BUA)				
			777	
If amending the registered agent and/or registered of	ffice address on our records, enter the na	ame of tl		egiste
ent and/or the new registered office address here:			డు	- 10-10-1
		11.7		
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 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	Membe

Title	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			□Add
		 	□ Remove
			Change
 			
			Remove
			< Change
			AddAdd
			- Ω Ω Ω Remove
			Change
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			□Remove
			□ Change

	
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ffective date, if other than the date of fili	ng:(optional)
an effective date is listed, the date must be specific ar	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
ocument's effective date on the Department of	t meet the applicable statutory filing requirements, this date will not be listed as f State's records.
record specifies a delayed effective date, but no	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	
Dated May 7	2024
Dated	-, 11 12 h
Signature of a	a member or authorized representative of a member
	LOR ANULINN
	/ r // /\ \

Filing Fee: \$25.00