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(Ke	questor's Name)	
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COVER LETTER

	gistration Secti vision of Corpo			
SUBJECT:	Sigier Investn			
SUBJECT			ited Liability Company	
The enclosed	d Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	ence concerning this matter	to the following:	
		Steven Henriquez		
			Name of Person	
		Steven J Henriquez		
			Firm/Company	
		5825 Sunset Dr #201		
			Address	
		Miami, FL 33143		
			City/State and Zip Code	
		info@sjh-cpa.com		
		E-mail address: (to be used for future annual report no	otification)
For further is	nformation con	cerning this matter, please ca	ıll:	
Steven Henr	riquez		305 423-6399 at ()_	
	Name of P	erson	Area Code Dayti	me Telephone Number
Enclosed is	a check for the	following amount;		
□ \$25.00 F	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sigier Investments LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Clability Company)	· · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number L17000049306	were filed on March 2, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1080 NW 41st Street	
Principal office address MUST BE A STREET ADDRESS)	O II ID I FI goods	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	1080 NW 41st Street Oakland Park, FL 33309	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the no
·		3.1 = 1
Name of New Registered Agent:		til
New Registered Office Address:	Enter Florida street address	
	Enter riorida street daaress , Florida	
	, 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:

AMBR = 1	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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ective date, if other than the effective date is listed, the date mus	date of filing:	o date of filing or more tha	(optional) an 90 days after filing.) Pursu	ant to 605.0207 (3
e: If the date inserted in this bloument's effective date on the De	ock does not meet the applical	ble statutory filing requ	airements, this date will n	ot be listed as th
	T			
		an effective time,	at 12:01 a.m. on th	ne earlier of:
	ord is filed.			
he 90th day after the reco	2017			
record specifies a delayed he 90th day after the reco ed April 3	, 2017	_·		

Page 3 of 3

Filing Fee: \$25.00