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(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor			
Sigma Man	agement, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	indence concerning this matter		
	Brent Tilseth		
		Name of Person	
	Sigma Management, LLC		
	·	Firm/Company	
	P.O. Box 989		Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (radditional copy is enclosed) Address: ration Section on of Corporations entre of Tallahassee
		Address	
	Estero, FL 33929		
		City/State and Zip Code	
	Sigmamlle@gmail.com		.
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Brent Tilseth		863 990-2298	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee.			Tallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sigma Management, LLC			
(Name of the Lim	ited Liability Company as it r (A Florida Limited Liability C	now appears on our records.) Company)	
The Articles of Organization for this Limited I	Liability Company were fi	led on	and assigned
Florida document number 1.17000158120	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability cor	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET <u>ADDRESS)</u>		
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)	11111 ₁₁	
			ហ្ម
B. If amending the registered agent and/or agent and/or the new registered office addre		on our records, enter the	name of the new registered
Name of New Registered Agent:	Brent Tilseth	<u></u>	_
New Registered Office Address:	8266 SE HWY 31		
		Enter Florida street address	_
	Arcadia	, Florid	a 34266
	Сц		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>	Name	Address	Type of Action
MGR	Larry Liedke	8266 SE HWY 31	
		Arcadia, F1. 34266	■Remove
			□Change
AMBR	Brent Tilseth	8266 SE HWY 31	
		Arcadia, FL 34266	□Remove
			□Change
	.		
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in the document's effective date on the	s block does n	not meet the app	olicable statutor:	ng or more than W y filing requirer	(optional) days after filing ments, this date) ;) Pursuant to 60; ; will not be list	5,0207 ted as
record specifies a delayed effe I is filed.	ctive date, but	not an effectiv	e time, at 12:01	a.m. on the ear	lier of: (b) Ti	he 90th day afte	er the
eated (09/26)		2024	·				
bit							
1/61	Signature	ot a mamber or a	uthorized represer	ntative of a mem			
		or a member of a	unitized represe	mance or a mem	<i>7</i> C1		

Filing Fee: \$25.00