

U18000128081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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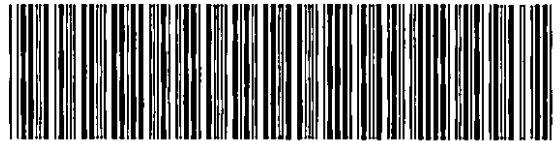
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

N COOPER

JUL 12 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SGP of Summerport 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:

Farid Premjee

\_\_\_\_\_  
Name of Person

SGP of Summerport, LLC

\_\_\_\_\_  
Firm/Company

4348 Blue Major Drive

\_\_\_\_\_  
Address

Windermere, Florida 34876

\_\_\_\_\_  
City/State and Zip Code

summerport.icecream@gmail.com

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

For further information concerning this matter, please call:

Farid Premjee

407

283-7770

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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

SGP of Summerport, 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 5/22/2018 and assigned  
Florida document number L18000128081.

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)

14387 Bridgewater Crossings Blvd, Suite 110

Windermere, FL 34786

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:

Farid Premjee

New Registered Office Address:

4348 Blue Major Drive

*Enter Florida street address*

Windermere

*City*

Florida 34786

*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          | Farid Premjee |                                | <input type="checkbox"/> Add               |
|              |               | 4348 Blue Major Drive, Winderr | <input checked="" type="checkbox"/> Remove |
|              |               |                                | <input type="checkbox"/> Change            |
| MGR          | Aman Bhojani  | 12848 Calderdale Avenue, Winc  | <input checked="" type="checkbox"/> Add    |
|              |               |                                | <input type="checkbox"/> Remove            |
|              |               |                                | <input type="checkbox"/> Change            |
|              |               |                                | <input type="checkbox"/> Add               |
|              |               |                                | <input type="checkbox"/> Remove            |
|              |               |                                | <input type="checkbox"/> Change            |
|              |               |                                | <input type="checkbox"/> Add               |
|              |               |                                | <input type="checkbox"/> Remove            |
|              |               |                                | <input type="checkbox"/> Change            |
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|              |               |                                | <input type="checkbox"/> Remove            |
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|              |               |                                | <input type="checkbox"/> Remove            |
|              |               |                                | <input type="checkbox"/> Change            |

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DIVISION OF INTELLIGENCE

**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 June 29th, 2018 

Signature of a member or authorized representative of a member

Typed or printed name of signee