

218000157029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

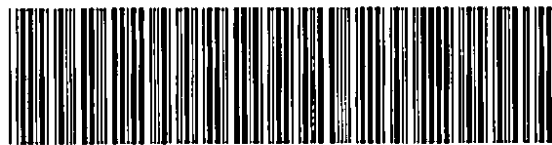
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 17 AM 7:59

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AUG 23 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIG Realty 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:

ENOCH ST CLAIR

Name of Person

Firm/Company

20535 NW 2ND AVENUE STE 203

Address

MIAMI, FL 33169

City/State and Zip Code

enoch.st.clair@gmail.com

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

For further information concerning this matter, please call:

ENOCH ST CLAIR

786 317-2469
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**

SIG Realty 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 06/27/2018 and assigned
Florida document number 118000157029.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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18 AUG 17 AM 7:59

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:

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 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>
AMGR	ENOCH ST CLAIR	20535 NW 2ND AVENUE	<input type="checkbox"/> Add
		SUITE 203	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33169	<input type="checkbox"/> Change
AMGR	JOYCELYN ST CLAIR	20535 NW 2ND AVENUE STE 20	<input type="checkbox"/> Add
		SUITE 203	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33169	<input type="checkbox"/> Change
MGR	ST. CLAIR INVESTMENT GROUP	20535 NW 2ND AVENUE	<input checked="" type="checkbox"/> Add
	ABC LLC	SUITE 203	<input type="checkbox"/> Remove
	Doc #	MIAMI, FL 33169	<input type="checkbox"/> Change
	L120000118921		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 AUG 17 AM 7:59

FIELD
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 17 AM 7:59

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee