118000185611

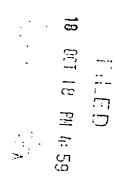
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	1)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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	Office Use Only	



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October 4, 2018

FRANCISCO FERNANDEZ 1214 CEDARWOOD WAY CLERMONT, FL 34714

SUBJECT: SGW FLORIDA LLC Ref. Number: L18000185611

We have received your document for SGW FLORIDA LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$11.25.

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 418A00020633

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

District of Commentations D.O. DOV 02007 Mall 1

COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: SGW Florida 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:
Francisco Fernandez Name of Person
Firm/Company
1214 Cedarwood Way
Clermont FL 34714 City/State and Zip Code
Atlantic Frda htmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Francisco Fernandez at (939) 259 - 9486 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

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(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/8</u> <u>Sol/85611</u> .	were filed on 8-2-18 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	·
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	12 14 Cedar used way
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 135492 Clermont FL 34713-5492
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent: Yamari	Arroyo Ortiz
New Registered Office Address: 1219 Clerm	City COUNTY COUNTY COLOR CITY 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>	Address	Type of Action
ρ	Francisco Fernandez	1214 Cedarwood way	D Add
		Clermont FL 34714	X Remove
			Change
ρ	Yansari Anoyo	1214 cedarwood way Clermont PL 34714	-X Add
		Clermont PL 34714	□ Remove
			□ Change
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	•	41
E. Effective date, if other than the date of filing: 1005 312018 (option (If an effective date is listed, the date must be specific and cannot burior to date of filing or more than 90 days after fine Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records.	iling.) Pursi	uant to 605.0207 (3 not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a. (b) The 90th day after the record is filed.	m. on th	he earlier of:
Dated August 31 . 2018.		
Signature of a member or authorized representative of a member		
Francisco Ferranet		

D.

Page 3 of 3

Filing Fee: \$25.00