

# Florida Department of State

Division of Corporations  
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**L1900022681**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MS ACCOUNTING & TAXES CORP  
Account Number : I20200000030  
Phone : (786) 346-8844  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: julia4723@outlook.com

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S&G INVESTMENTS PROPERTIES LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

SEP 17 2024

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H24000315699

**S&G INVESTMENTS PROPERTIES 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 09/16/2024 and assigned Florida document number: **L19000022681**

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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ST. JOSEPH COUNTY  
CLERK OF COURT

**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>
Member	Miriam Sanchez	983 Karst Tree Ln	<input checked="" type="checkbox"/> Add
		Apopka, FL 32703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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JAILMANASSEE, FL  
SIGNATURE OF STATE

(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) **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: September 16, 2024.

2024.

**Julia Sanchez**

Signature of a member and printed name of Signee

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