## L19000001910

(Re	equestor's Name)	<del></del>
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## **COVER LETTER**

Division of Co	porations		
SG Unlimi	ted LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mercedes Sifontes		
		Name of Person	
		Firm/Company	
	3604 41st ST SW	r ини Сонциану	
		Address	
	Lehigh Acres FL 33976		
	mercedessgllc@outlook.com	City/State and Zip Code m	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Mercedes Sifontes		239 628-5164 at ( )	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

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

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MAR 2 5 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SG Unilimited 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  $\frac{\text{March }11,2019}{\text{March }11,2019}$ and assigned Florida document number \_\_\_ L19000067970 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) 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 City

## 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

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ctive date, if other than effective date is listed, the date	the date of filing: must be specific and cannot	t be prior to date of	filing or more than 90	(optional) days after filing.) Pursua	ant to 605.0
: If the date inserted in thi ment's effective date on the	s block does not meet th	e applicable statu			
ecord specifies a dela		but not an eff	ective time, at	12:01 a.m. on the	e earliei
e 90th day after the	record is filed.				
March 21	201	9 .			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mercedes Sifontes	3604 41st ST SW Lehigh Acres FL 33976	
			□ Remove
MGR	Marco Garcia	3604 41st ST SW Lehigh Acres FL 33976	Add
			■ Remove
			☐ Change
			Remove
			□ Change
			Remove
		<del></del>	☐ Change
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			Add
			□ Remove
		<del></del>	Change