119000182654

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Dc	ocument Number)	-
(CC	edinent Humber)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer;	

Office Use Only



700341700047

03/10/20--01023--015 **30.00

2320127 -4 PH 3:06

R 171-1.1E

COVER LETTER

 Division of Cor 	porations		
SGM AUTO	OS LLC		
SUBJECT:	Name of Lim	ited Liability Company	····
The unalocud Articles of	Amendment and fee(s) are sub	mitted for filing	
		-	
Please return all correspo	endence concerning this matter	to the following:	
	ARIANE DESTRO SPIGE	IEL	
		Name of Person	
	SGM AUTOS LLC		
		Firm/Company	
	20808 W DIXIE HWY		
		Address	
	AVENTURA 33180		
	DECEDOADIANEGVAN	City/State and Zip Code	
	DESTROARIANE@YAHO E-mail address: (to be used for future annual report notificat	ion)
For further information c	oncerning this matter, please c	all:	
ARIANE DESTRO SPIC	GHEL	786 6476431 at ()	
Name o	f Person		elephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S		Registration Section	
Division of C	Corporations	Division of Corpor	rations

Registration Section

TO:

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Division of Corporations

2020 MAY -4 PM (2: 28

April 20, 2020

ARIANE DESTRO SPIGHEL 20808 W DIXIE HWY AVENTURA, FL 33180

SUBJECT: SGM AUTOS LLC Ref. Number: L19000182654

We have received your document for SGM AUTOS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 520A00008232

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SGM AUTOS LLC		CON	
(Name of the Limi	ted Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	······································
The Articles of Organization for this Limited L	iability Company v		and assigned
his amendment is submitted to amend the foll	owing:		
a. If amending name, enter the new name o	f the limited liabil	ity company here:	
he new name must be distinguishable and contain the v	vords "Limited Liabilit	ly Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		300 BAYVIEW DRIVE 915	
		SUNNY ISLES BEACH	
		FLORIDA 33160	
inter new mailing address, if applicable:		300 BAYVIEW DRIVE 915	
Mailing address MAY BE A POST OFFICE BOX		SUNNY ISLES BRACH	
		FLORIDA 33160	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		ddress on our records, <u>enter the r</u>	name of the new regis
	300 BAYVIEW	DRIVE 915	
New Registered Office Address:	NO DAT VIEW	Enter Florida street address	
	SUNNY ISLES	, Florida	33160
		, Florida , Florida	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>	Address	Type of Action
AMBR	SG UNITED STATES LLC	3111 N UNIVERSITY DR - 105	□Add
		CORAL SPRINGS FL 33065	■Remove
			□ Change
			□Add
			□Remove
			Change
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			□ Add
			Remove
			□Change

Page 2 of 3

	· ··-			
····				
·				
<u> </u>			 	
	· ·			
· · · · · · · · · · · · · · · · · · ·				
				
				
				
<u></u>				
ffective date, if other than the date must be an effective date is listed, the date must be	te of filing:	to date of filing or more than	(optional) 90 days after filing.) Pursuant	to 605,0207 i
ote: If the date inserted in this block	c does not meet the applic	able statutory filing requir	rements, this date will not b	e listed as t
ocument's effective date on the Department	rtment of State's records	•		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	66	A	4.12.01 the	li
e record specifies a delayed e The 90th day after the record		it an ellective time, a	it 12.01 a.m. on the t	earner or.
·	7	y.		
FEBRUARY, 21	, 2020) 		
		- . /		
	, il di pro	1/6		. <u></u>
Si	mature of a member or auth	orized representative of a me	mber	
		7		

Page 3 of 3