L19000282051

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COVER LETTER

TO:	Registration Sec Division of Corp				
	SGMPINV	ESTMENTS LLC		•	
SUBJE	ЕСТ:	N 81 ()	ited Liability Company		
		Name of Limi	ted Liability Company		
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	idence concerning this matter	to the following:		
		Steven Geduld			
			Name of Person	-	
		21200 NE 38th, Avenue	Firm/Company		
		21200 MI John Avenue	apt 2601	·	
		Aventura, FL 33180	Address		
		sgcduld@gcduldcapital.net	City/State and Zip Code		
		E-mail address: (t	to be used for future annual report notification	on)	
		ncerning this matter, please ca			rs 20
Steve	n Geduld		305 790-4879 at ()		20 FEB
	Name of	Person		ephone Number	18 PH
Enclos	ed is a check for the	e following amount:			- 1
≡ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SGMP INVESTMNETS LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar L19000282051	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		2) F
Enter new mailing address, if applicable:		10 000
Mailing address MAY BE A POST OFFICE BOX)		# 000 # 000 # 000
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	me of the new registere
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 Ager	<u>1t:</u>	

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> MGR	Name Matt Papunen	Address 6103 Aqua Avenue, Apt 1004, Miami Beach, FL33141	Type of Action
			Add
		-	□Remove
			□Change
			□Add
			□Remove
			□Change
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ffectiv	e date, if other than the date of filing: (optional)
ian effe <u>Note:</u> I	tive 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 (f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to this effective date on the Department of State's records.
record d is file	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 d.
	February 12 2020
Dated _	· - · · · · · · · · · · · · · · · · · ·
	P+ 0 10 1
	Simulation of the second
	Signature of a member of authorized representative of a member
	Steven Geduld
	Typed or printed name of signee

Filing Fee: \$25.00