## L21000016055

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(Business Entity Name)
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## COVER LETTER

TO:	<b>Registration Section</b>
	Division of Corporation

SUBJECT: SGK CAPITAL MANAGEMENT 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:

Mason Kayp Firm/Company 2249 Gravewood Road Clew Water FL City/State and Zip Code 33744 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Simpkins at (407) 575-0099

Enclosed is a check for the following amount:

1 \$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** 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 F ORGANIZATIO OF	AVISION OF CORPERATION
<u>(Name of the Limited Liability Co</u> (A Florida Lim	Managen 2mpany as it now appears on o ited Liability Company)	enf APR -7 PH 3: 40
The Articles of Organization for this Limited Liability Comp Florida document number $\underline{V2100016055}$ .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	tion "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Fatan and mailing address if analisables		
Enter new mailing address, if applicable:		
( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our record	s, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	the state of the s	
	Enter Florida str	eet gaaress
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag		

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = M AMBR = A	lanager uthorized Member	UNH TAR FOR STATE AVICTOR OF CONTON		
<u>Title</u>	Name		1 <u>Type of Action</u>	
AMBR	Shawn Bailiy			
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		32309	□Change	
			🗆 Add	
		,,	🗆 Remove	
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			🗆 Change	

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

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tive date, if other that		4/12	12021	(optio	D	

If the record 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 record is filed.

Dated _	April	5 m	. 3021	_ ·	
			Langer of a member or author	izer resentative of a member	
			Mason	Kavp	
			Typed or printed		