

5/25/2021

Division of Corporations

**L21000051658**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H21000208761 3)))



H21000208761 3ABC.

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To:

Division of Corporations  
Fax Number : (850)517-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC  
Account Number : 12020000118  
Phone : (305)260-6968  
Fax Number : (786)513-7810

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE COSTUMER FIT PRODUCTS LLC**

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A. LUNT

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TALLAHASSEE, FLORIDA

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June 2, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

THE COSTUMER FIT PRODUCTS LLC  
552 PALM DRIVE  
HALLANDALE BEACH, FL 33009US

SUBJECT: THE COSTUMER FIT PRODUCTS LLC  
REF: L21000051658

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt  
Regulatory Specialist III

FAX Aud. #: H21000208761  
Letter Number: 421A00011928

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE COSTUMER FIT PRODUCTS 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 1/28/21 and assigned  
Florida document number L21000051658.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SG PROJECT MANAGEMENT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

\_\_\_\_\_, 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>
AMBR	AFFONSO, GUILHERME	552 PALM DRIVE	<input type="checkbox"/> Add
		HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SOUSA, FLAVIO	552 PALM DRIVE	<input checked="" type="checkbox"/> Add
		HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**Effective date, if other than the date of filing:** \_\_\_\_\_ (Optional)  
 (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.

If the record specifies a delayed effective date, but not an effective time, at 12:00 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 14TH, 2021

Signature of a member or authorized representative of a member

GUILHERME AFFONSO

Typed or printed name of signee