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T. MATTHEWS DEC - 1 2021



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September 22, 2021

ARIANE SPIGHEL 701 N FEDERAL HWY STE 201B HALLANDALE, FL 33009

SUBJECT: SG PROJECT MANAGEMENT LLC

Ref. Number: L21000051658

We have received your document for SG PROJECT MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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: 121A00022933

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: So Project Management, UC Name of Lighted Liability Company |
| |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| |
| Please return all correspondence concerning this matter to the following: |
| Helen Cruz Name of Person |
| Premier Accounting 3 Management Services, uc |
| 701 N. Federal Huy, Bldg 1B-Suite 201B |
| Hallandale Beach, Fi 33009 City/State and Zip Code Helen a premier accounting florida. com E-mail alidress: (to be used for future annual seport notification) |
| For further information concerning this matter, please call: |
| Roberto Soighel at 784 647 - 6432 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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 Street Address: Registration Section Division of Corporations |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

21 150 -0 171 1: 28 **OF**

| Sa Project managemen | +, uc |
|--|--|
| (Name of the Limited Liability Company (A Florida Limited Lia | bility Company) |
| The Articles of Organization for this Limited Liability Company w Florida document number <u>L2100051658</u> . | rere filed on 128 2021 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabili | ty 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: | 701 N. Federal Highwall |
| (Principal office address MUST BE A STREET ADDRESS) | Building 1B - Suite 2018 Hallandale Beach, Fi 33009 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 701 N. Federal Highway. Building 1B-Suite 2001B Hallandale Beach, Ft 33009 |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | dress on our records, enter the name of the new registered |
| Name of New Registered Agent: Remiter Y | Accounting 3 Monagement Service |
| New Registered Office Address: 214 N. 3 | Flamingo Road, Suite # 1193 Enter Provida street address |
| lembrare | Pines . Florida 33028 . 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 = Ma $AMBR = Au$ | anager ithorized Member | 28 | |
|----------------------|----------------------------|------------------------------|----------------|
| <u>Title</u> | Name | Address 21 Village Pil 1: 28 | Type of Action |
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| | J | Hallandale, Fl 33009 | □Remove |
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| mar | Ariane Spighel | 522 from Drive | □∧dd |
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| fan effective dat <mark>Note:</mark> If the da | , if other than the date e is listed, the date must be sp te inserted in this block de ective date on the Departi | ecific and cannot be prior to date coes not meet the applicable sta | f filing or more than 90 days | optional) safter filing.) Pursuant to 605,0207 s, this date will not be listed as |
| record specifi d is filed. | es a delayed effective date | , but not an effective time, at | 2:01 a.m. on the earlier | of: (b) The 90th day after the |
| Dated 10 | 129/21 | Spring | | |
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| | Signa | ture of a number of authorized re | presentative of a member | |