Division of Corporations

7/17/23, 3:26 PM



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(((H23000249727 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SG PROJECT MANAGEMENT LLC

Account Number : I20220000151 Phone : (754)226-4414

Fax Number : (954)613-4136

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

## LC AMND/RESTATE/CORRECT OR M/MG RESIGN SG PROJECT MANAGEMENT LLC

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Certified Copy	0	
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T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

H23000249727 3 OF

SG PI	ROJECT MANAGEMENT	LLC		
(Name of the Limited Li (A F	ability Company as it now as orida Limited Liability Compa	openra on our records.)		·
he Articles of Organization for this Limited Liabili lorida document numberL21000051658	ty Company were filed or	n	a	nd assigned
his amendment is submitted to amend the following	g:			
. If amending name, enter the new name of the	limited liability compan	y here:		
he new name must be distinguishable and contain the words	'Umlted Liability Company,"	the designation "LLC" or th	e abbreviati	on "L.L.C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET AL	DDRESS)			
	-			
inter new malling address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX	<u></u>			
			<del></del>	<del></del>
i. If amending the registered agent and/or registence and/or the new registered office address her		ur records, <u>enter the n</u>	ame of th	e new registe
Name of New Registered Agent:			•	282
		<del></del>	<del></del>	
New Registered Office Address:	Enter	Florida street address		
		Wanda	_	7
	City	, Florida	~ Zip	Code C.
ew Registered Agent's Signature, if changing Regist	ered Agent:		5-	 ယ
hereby accept the appointment as registered age	ent and naven to not in t	hie canacity. I footbar	anves to	Nomelo with

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.

4230002497273

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

H230002497273

MGR = Manager

AMBR = Authorized Member

<u>Title</u> MGR	Name ROBERTO SPIGHEL	Address 552 PALM DRIVE - HALLANDALE - FL 33009	Type of Action
			<b>=</b> Add
			□Remove
			Change
			DAdd
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		<del></del>	□Change
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Typed or printed name of signee		

Filing Fee: \$25.00