

121 000082939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2021 DEC 28 PM 5:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SG GARCIA 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:

GONZALO GARCIA OLMEDO

Name of Person

SG GARCIA LLC

Firm/Company

1051 NW 190TH AVENUE

Address

PEMBROKE PINES, FL 33029

City/State and Zip Code

THEGARCIASTEAM@GMAIL.COM

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

GONZALO GARCIA OLMEDO

305 9037363
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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
ARTICLES OF ORGANIZATION
OF**

FILED

2021 DEC 28 PM 5:42

SG GARCIA LLC

SECRETARY OF STATE

~~(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 02/18/2021 and assigned
Florida document number L21000082939.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

1051 NW 190th Avenue

Pembroke Pines, FL 33029

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:

Gonzalo Garcia Olmedo

New Registered Office Address:

1051 NW 190th Avenue

Enter Florida street address

Pembroke Pines

Florida

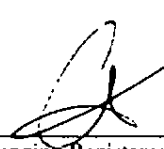
33029

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.

 Same R.A. new address

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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

I, SCARLETH GARCIA RESIGN AS MANAGER AND PART OWNER OF SG GARCIA LLC AND AGREE

TO SELL ALL MY SHARES (5,000) UNDER CERTIFICATE #2 ISSUED ON FEBRUARY 27TH 2021

FOR \$0.01 A SHARE TO A TOTAL OF \$50 TO GONZALO GARCIA OLMEDO

SIGNATURE IN THIS AUTHORIZES THIS TRANSACTION UPON NOTARIZATION

Subscribed and sworn before me

This 14th day of December 2021

By Gonzalo Garcia Olmedo & Scarleth Garcia

Produced a current FL Driver's License

As identification.



STEWART J. JORDAN
Commission # GG 259461
Expires September 17, 2022
Bonded Flt. Budget Notary Services

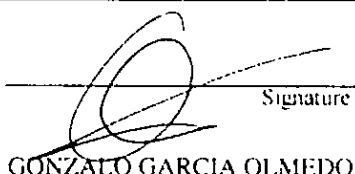
E. Effective date, if other than the date of filing: _____ (optional)

(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)

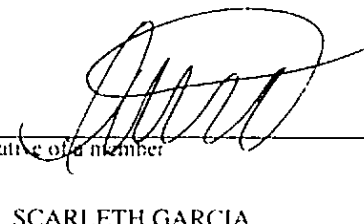
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 14TH 2021


GONZALO GARCIA OLMEDO

Signature of a member or authorized representative of a member


SCARLETH GARCIA

12/14/2021

Typed or printed name of signee

12/14/2021