K21000317996

(Re	equestor's Name)	
(Ad	ldress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT:	SG PROPE	RTIES FOR SALE LLC	•	* ;
	,,	Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		SANDRA I PARRA		
			Name of Person	
			Firm Company	
	11326 COCONUT ISLAND DR			
		RIVERVIEW FL 33569	Address	
		SANDRAISAREL 6320@G	City/State and Zip Code	
	٠	E-mail address: (MAHCOM to be used for future annual report not	ification)
For further in	nformation ed	meerning this matter, please ca	ull:	
SANDRA I	PARRA	•	813 4659525 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
finclosed is a	check for th	e following amount:		
※ \$25,00 f	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)
Reg Div P.C	iling Address gistration S vision of Co D. Box 632 lahassee, F	section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee oe Street, Suite 810

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SG PROPERTIES FOR SALE 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 $\frac{07/12/2021}{2}$ and assigned Florida document number L21000317996 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GS PROPERTIES FOR SALE 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

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.

Cirv

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			'⊒Add
			□Remove
			□Change
			□Add
			LRemove
			□Change
•	 -		
			LIRemove
			Change
			□Remove
			L Add
			LlRemove
			il Change
			\(\sum_\) Add
			Remove
			T.O.

Typed or printed name of signee