

11/1/21, 5:07 PM

Division of Corporations

L210004055263
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TINTOS INTERNATIONAL LLC
Account Number : 120150000068
Phone : (407)731-4498
Fax Number : (407)982-7123

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

Email Address: sustaxes@gmail.com

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SGB SUPPLY CHAIN SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 NOV -8 AM 10:54

TALLAHASSEE, FLORIDA

NOV 9 2021
S. PRATHER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

112100040SS26 3

SGB SUPPLY CHAIN SOLUTIONS 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 07/13/2021 and assigned
Florida document number 1.21000320065

This amendment is submitted to amend the following:

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

N/A

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)

575 OAKS LN APT 910

POMPANO BEACH, FL 33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

575 OAKS LN APT 910

POMPANO BEACH, FL 33069

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

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

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FLORIDA

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

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BARAJAS MARTINEZ, GUSTAV	575 OAKS LN APT 910	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OTALORA MORENO, SOLANGI	575 OAKS LN APT 910	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SILVA SARQUEZ, LUIS LEONA	575 OAKS LN APT 910	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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.)

N/A

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 November 01st, 2021

Gustavo Barajas Martinez

Signature of a member or authorized representative of a member

GUSTAVO A. BARAJAS MARTINEZ, MGR

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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