## 121000377227

(Requestor's Name)				
(Ad	dress)			
bA)	dress)			
(Cit	JCAna II in IDh an a			
(Cit	y/State/Zip/Phone	÷ #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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T. MATTHEWS

DEC - 1 2021



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2021

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

SUBJECT: SG ONE REAL ESTATE LLC

Ref. Number: L21000377227

We have received your document for SG ONE REAL ESTATE 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: 021A00022931

Tekayla T Matthews OPS

www.sunbiz.org

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
SUBJECT: SA (	one Real Esta	te ill	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Helen	Cruz Name of Person	
	Premier Amou	unting 3 Managem	rent Services, uc
	701 N. Feder	al Highway, Bloc	316-Suite 2018
	Hallondale &	City/State and Zip Code	<del>}</del>
		1 O COLUMN TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOT	
For further information c	oncerning this matter, please ca	all:	
Roberto Name o	Spignol Person	at ( <u>186</u> ) <u>647 -</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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		<u>Street Address:</u> Registration Se	ction
Division of C	'orporations	Division of Cor	•
P.O. Box 632		The Centre of T	
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Docal Estato

(Name of the Limited Liability Company as it now appears on our records.)					
(A Florida	a Limited Liability Company)				
The Articles of Organization for this Limited Liability C Florida document number <u>L21000377227</u>	Company were filed on 6/17/2021 and assigned				
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 "Lim	ited Liability Company," the designation "Ll.C" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR	701 N. Federal Highway Building 1B - Suite 2018 Hallandale Beach, FL 33009				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	701 N. Federal Highway Building 18-Suite 2018 Haucinale beach, FL 33009				
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:	nier focaenting = management Services, 1 4 N. Flamingo Road, Suite #1193 Enter Plorida street address				
- Bri	bole Pines Florida 33028  Zip Code				
New Registered Agent's Signature, if changing Registere	d 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 21 100 - 5 10 1: 28	Type of Action
mar	Ariane Spighel	522 falm Drive	□Add
	<b>Q</b>	Hallandall, FL 33009	MRemove
			□Change
MAR	56 Project Management	ILC 701 N. Federal Huy.	[¥Add
		Building 18 - Suite 2018	□Remove
		Hallandale Beach, FE 3300	_ □Change
mar	Solida Holdings, uc	701 N. Federal Hwy.	<b>∀</b> Add
		Building 18 - Suite 2018	□Remove
		Hallandale Beach, FL 33009	<b>1</b> _ □Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

a member of authorized representative of a member

ped or printed name of signee