## 121000384910

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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T. MATTHEWS

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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 TWO REAL ESTATE LLC

Ref. Number: L21000384910

We have received your document for SG TWO 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: 921A00022930

Tekayla T Matthews OPS

## COVER LETTER

TO:

TO: Registration Sect Division of Corp			
SUBJECT: <b>56</b> 7	NO Real Es	state ill	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Helen	Cruz Name of Person	
	Premier noco	unting 3 Managem	ent Services, (cc
	701 N. Feder	al Hwy, Blog 19	3-Suite 201B
	Hallandale	Beach, FL 3300° City/State and Zip Code	<del>}</del>
		nive accounting to be used for future annual report notif	ridcom leation)
For further information co	ncerning this matter, please co	all:	
Roberto Name of	Spighe1	at ( <u>189</u> ) <u>647 -</u> Area Code Daytime	6 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 Solivision of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations
		Tallahassee, FL	. 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(A Florida Limited Liability Company)						
The Articles of Organization for this Limited Lia Florida document number L21003849	016	were filed on 87	7/2021	and assigned		
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabi	lity company here:				
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the designation	on "LLC" or the abbrev	riation "L.L.C."		
Enter new principal offices address, if applica		701 N. Feder Building 11: Hallandale 1	- Suite à	vons_		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	701 N. Fede Building 16 Hallandale	erau Highu -Suite 20 Booch, Fi	18		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:						
Name of New Registered Agent:		Accounting =				
New Registered Office Address:	2114 N.	Hamingo Ro Enter Abrida stre		#193		
	Rembroke	Pinos City	, Florida <u>. 3</u> 2	<b>10 28</b> Zip Code		
Now 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

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>	Name	Address 21 For an Till 1: 28	Type of Action
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		·	Remove
			□Change
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d or printed name of signee