

121000384915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

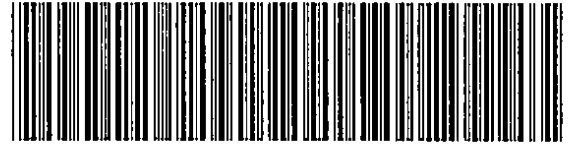
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900372472949

09/13/21--01029--001 **150.00

21 NOV - 5 PM 1:28

T. MATTHEWS

DEC - 1 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV -9 AM 9:46

September 22, 2021

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

SUBJECT: SG THREE REAL ESTATE LLC
Ref. Number: L21000384915

We have received your document for SG THREE 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.

Tekayla T Matthews
OPS

Letter Number: 221A00022930

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SG Three Real Estate, 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:

Helen Cruz
Name of Person

Premier Accounting & Management Services, LLC
Firm/Company

701 N. Federal Hwy, Bldg. 1B - Suite 201B
Address

Hallandale Beach, FL 33009
City/State and Zip Code

helen@premieraccountingflorida.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Spighe at (786) 647-6432
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

SA Three Real Estate, LLC 21 NOV - 2 PM 1:28

(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 8/27/2021 and assigned Florida document number L21000384915.

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)

701 N. Federal Highway
Building 1B - Suite 201B
Hallandale Beach, FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

701 N. Federal Highway
Building 1B - Suite 201B
Hallandale 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:

Premier Accounting & Management Services

New Registered Office Address:

2114 N. Flamingo Road, Suite #1193

Enter Florida street address

Pembroke Pine

City

Florida 33028

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.

H. Y. G.

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

21 NOV 68 PM 1:28

| Case | Initial | Final | Operation |
|------|---------|-------|---------------------------------|
| 1 | | | <input type="checkbox"/> Add |
| 2 | | | <input type="checkbox"/> Remove |
| 3 | | | <input type="checkbox"/> Change |
| 4 | | | <input type="checkbox"/> Add |
| 5 | | | <input type="checkbox"/> Remove |
| 6 | | | <input type="checkbox"/> Change |
| 7 | | | <input type="checkbox"/> Add |
| 8 | | | <input type="checkbox"/> Remove |
| 9 | | | <input type="checkbox"/> Change |
| 10 | | | <input type="checkbox"/> Add |
| 11 | | | <input type="checkbox"/> Remove |
| 12 | | | <input type="checkbox"/> Change |
| 13 | | | <input type="checkbox"/> Add |
| 14 | | | <input type="checkbox"/> Remove |
| 15 | | | <input type="checkbox"/> Change |

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

21 NOV - 0 13 1:20

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

10 / 29 / 21

Signature of a member or authorized representative of a member

Roberto Spighe

Typed or printed name of signee

Filing Fee: \$25.00