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COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: S.I.G. PARTNERS 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:	
Tyler D Washington	
Name of retson	
Firm/Company	
27499 Riverview Center Blud Ste	106
Bonita Springs, FL 34134 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	om
For further information concerning this matter, please call:	
Tyler D Washington 31(786) 599-632	5
Name of Person Area Code Daytime Telephon	ie Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	\$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

(Name of the Limi	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number <u>しみ1000</u> 日日	iability Company were filed on October 12th 2021 and assigned 5577.
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
B. If amending the registered agent and/or i agent and/or the new registered office addre	registered office address on our records, <u>enter the name of the new registered</u> ss here:
Name of New Registered Agent:	Society Injestment Group, LLC 27499 Riverview Center Blud Ste 1063
	27494 Dimetion (color Phyl Sto 106)
New Registered Office Address:	Enter Florida street address
	Bonita Springs Florida 34134 Zip Code
New Registered Agent's Signature, if changing l	
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regi	ed agent and agree to act in this capacity. I further agree to comply with the over and complete performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability

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>	Address	Type of Action
AMBR	Michael D Bisson	27499 Rivenview Center Blod	□Add
		Ste 106	□Remove
		Bonita Springs, FL 34134	(LChange
<u>AMBR</u>	Tylen O Washington	27499 Riverview Center Blud	□Add
		Ste 106	□Remove
		Bonita Springs, FL 34134	_ (L'Change
			🗆 Add
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			□ Add
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October 25th 2021 Signature of a member or authorized representative of a member	d is fil	ed.
Signature of a member or authorized representative of a member	ated	October 25th 2021
Signature of a member or authorized representative of a member		Julan D Kali.
		(XY) X(1, 1), 1/() X(1) X(1)

12:11 D 03:50