

L22000036608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

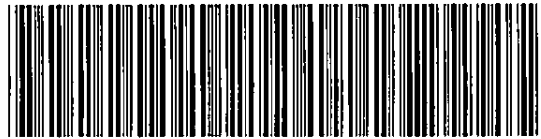
(Business Entity Name)

(Document Number)

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CLERK

R. HUNT
04/01/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SGS ARCHITECTURE (ARCHITECT BY THE SEA.)
Name of Limited Liability Company (NAME CHANGE)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMIE MARGULIES

Name of Person

SGS ARCHITECTURE (ARCHITECT BY THE SEA.)

Firm/Company

3400 GALT OCEAN DRIVE. APT 2008S

Address

PORT CALDERDALE 33308

City/State and Zip Code

iamkitek@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMIE MARGULIES

Name of Person

at (305)

Area Code

305. 793. 9678

Daytime 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)

CHECK SUBMITTED
FOR COVER LETTER

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**

SGS ARCHITECTURE (ARCHITECT BY THE SEA)

(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 April 2014 and assigned
Florida document number L22000036608

This amendment is submitted to amend the following:

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

SGS-ARCHITECT BY THE SEA LLC

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)

3400 GALT OCEAN DRIVE / APT 2008
PORTLAND, MAINE, FLORIDA 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

* (SAME AS PREVIOUS)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

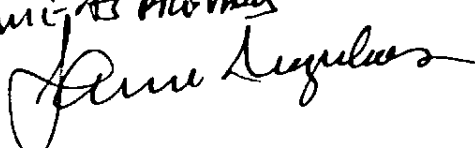
City

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

SAMUEL PROMAS


MGR = Manager
AMBR = Authorized Member

[illegible]

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

[illegible]

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

04/29/2024

Signature of a member or authorized representative of a member

JAMIE MARGOLIS

Typed or printed name of signee

Filing Fee: \$25.00