

L22000092323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

Y. SCOTT

MAR 26 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pitchford-Milledge Group 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:

Selina P Milledge

Name of Person

Pitchford-Milledge Group

Firm/Company

9424 Baymedows Rd Ste 240

Address

Jacksonville, Florida 32256

City/State and Zip Code

pmgroupllc22@gmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Selina Pitchford-Milledge

904

524-6128

at ()

Name of Person

Area Code

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)

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**

Pitchford-Milledge Group LLC

(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 February 11, 2022 and assigned
Florida document number L22000092323.

This amendment is submitted to amend the following:

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

SGPM Logistics 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)

9424 Baymeadows Rd Ste 240

Jacksonville, Florida 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9424 Baymedows Rd Ste 240

Jacksonville, Florida 32256

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:

Selina P Milledge

New Registered Office Address:

9424 Baymedows Rd Ste 240

Enter Florida street address

Jacksonville

Florida 32256

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

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>
MGR	Selina P Milledge	9424 Baymeadows Rd Ste 240	<input type="checkbox"/> Add
		Jacksonville Florida 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Darrey Milledge	1060 Woodbridge Hollow Rd	<input type="checkbox"/> Add
		Jacksonville Florida 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tray Pitchford	11926 Chester Creek Rd	<input type="checkbox"/> Add
		Jacksonville Florida 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Marvin Pitchford	11926 Chester Creek Rd	<input type="checkbox"/> Add
		Jacksonville Florida 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Darryl Milledge II	1060 Woodbridge Hollow Rd	<input type="checkbox"/> Add
		Jacksonville, Florida 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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 March 7, 2022

Shirley Pitchford-Miller
Signature of a member or authorized representative of a member

Selina Pitchford-Milledge

Typed or printed name of signee

Filing Fee: \$25.00