Florida Department of State 762 Division of Corporations Electronic Filling Cover Sireet

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Tc:

Division of Corporations

Fax Number

: (850)617-6383

from:

Account Name : SG PROJECT MANAGEMENT LLC

Account Number : I20220000151 Phone : (754)226-4414 Fax Number : (954)613-4136

* *	Enter	the	email.	addrese	for	this	busin	ess	entity	to	bе	used	for	future
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Smail Address:_

F&M INVESTMENTS SOLUTIONS LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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APR 28 2023

H 230001483543 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

F&M INVESTMENTS SOLUTION	RS LLLC							
(Same of the Limit	ed Liability Come	Any as it now appears on Liability Company)	CHTTECOLOS!)					
				And assigned	}			
This amendment is submitted to amend the following	wing:							
A. If amending name, enter the new name of	amend the following: the new name of the limited liability company here: and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Total Republicable: Total Rederat. Hwy, BLDG 18 - SUITE 2018 HALLANDALE - FL 33009 Populcable: 1835 E HALLANDALE BEACH BLVD - #502 HALLANDALE BEACH - FL 33009 gent and/or registered office address on our records, enter the pame of the new registered office address here: Great and/or registered office address on our records, enter the pame of the new registered office address here: SG PROJECT MANAGEMENT LLC Total Republicable of the new registered office address here:							
The new name must be distinguishable and contain the wo	da "Limited Liab	lity Company," the dealgn	ation "LLC" or the abbi	revision "L.L.C."				
Enter new principal offices address, if applica								
(Principal office address MUST BE A STREET		HALLANDALE - FL 33009						
Enter new mailing address, if applicable: Malling address MAY BE A POST OFFICE BOX		· · · · · · · · · · · · · · · · · · ·						
3. If amending the registered agent and/or registered office address Name of New Registered Agent:	<u>nere;</u>		s, <u>enter the pame c</u>	2073	 tered			
	701 N FEDERA							
New Registered Office Address:		Enter Florida stre						
	HALLANDALE		. Florida 33009	\overline{z}	Ξ1' '			
		Cliy		Zip Code	-			
lew Registered Agent's Signature, if changing Reg	stered Agent:			2				

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 us provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Spent. Signature of New Registered Agent

H230001483543

MGR = Manager

AMBR = Authorized Member

H 23 000 1483 54 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Tide</u>	<u>Name</u>	Address	Type of Action
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