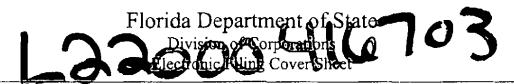
p.1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000334315 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : I20200000059 Phone : (954)727-9771 Fax Number : (954)727-9773

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **USA GK ESTATES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

3

Electronic Filing Menu

Corporate Filing Menu

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## Z H ZZ 000 334315 3> COVER LETTER

TO: Registration Se Division of Cor			
	STATES LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	CESAR BATISTA		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>
	USA GK ESTATES LLC		
		Firm/Company	
	6182 W SAMPLE ROAD		
	<del></del>	Address	
	CORAL SPRINGS, FL 33	067	
		City/State and Zip Code	
	admin@indakarlle.com	to be used for future annual report notil	(ication)
For further information of	concerning this matter, please c		
CESAR BATISTA		407 967-2231	
Name o	of Person	at (at Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Secons Division of Coron The Centre of Toron 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

## < HZZ 000 334315 3 >

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA GK ESTATES LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appears on c Limited Liability Company)	pur records.)
The Articles of Organization for this Limited Liability C	ompany were filed on 09/28/20	222 and assigned
Florida document number L22000416703		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
SG ESTATE LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<del></del>
(Principal office address MUST BE A STREET ADDI	RESS)	
		- FEE SE TH
		28 HA
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our recor	ds, enter the name of the new regimen
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida s	treet 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.

## < HZZ000334315 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:

MGR = Manager AMBR = Authorized Member Address Type of Action <u>Title</u> <u>Name</u> N/A \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_ □Remove \_\_\_\_\_ □Remove \_\_\_\_\_ Change ₽PP \_\_\_\_\_ Change \_\_\_\_\_ □Add \_\_\_\_\_ 🗀 Remove

\_\_\_\_\_ □Change

# < H22000334315 3>

N/A	
	<del>-</del>
	<u> </u>
lective da	te, if other than the date of filing: (optional)
n effective o	late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cument's c	effective date on the Department of State's records.
ecord speci is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
ted	
	Cesar Batista
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00