

11/10/22, 1:20 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L22000470944**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VITERI FINANACIAL CORPORATION
Account Number : I20180000091
Phone : (786)390-6735
Fax Number : (305)675-7799

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

Email Address: xavier@viterifinancial.comLLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIGMA-PROFI GROUP LLC

Certificate of Status	0
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Corporate Filing Menu

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**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

SIGMA-PROFI 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 10/28/2022 and assigned
 Florida document number L22000470944.

This amendment is submitted to amend the following:

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

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)

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:

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

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APPROVED
 AND
 FILED
 2022 NOV 14 PM 3:06
 CLERK OF CIRCUIT COURT
 IN AND FOR THE COUNTY OF
 DADE, FLORIDA

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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>
AMBR	MAXIMILLIAN A. MOISSEEV	16500 COLLINS AVE - SUITE #1551	<input type="checkbox"/> Add
	Please use "A" initial for middle name		<input type="checkbox"/> Remove
		SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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