

L22000509530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

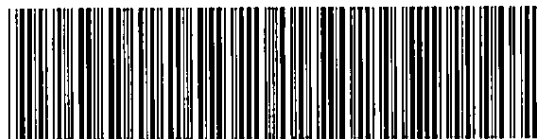
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800404132728

03/08/2023 12:48:05 PM

FILED  
2023 MAR -8 AM 7:48  
TALLAHASSEE, FL

cf 5/1/23

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SIGMA FORCES 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:

Ashley Zohar

Name of Person

Brown, Huff & Zohar, PLLC

Firm/Company

6547 Gunn Hwy

Address

Tampa, Florida 33625

City/State and Zip Code

Ashley@BHZLaw.com

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

For further information concerning this matter, please call:

Ashley Zohar

Name of Person

at ( 813 )

Area Code

922-5290

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**

**FILED**

SIGMA FORCES LLC

2023 MAR -8 AM 7:48

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/05/2022 and assigned  
Florida document number 1.22000509530.

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)**

27251 Wesley Chapel Blvd

Ste B14 #795

Wesley Chapel, FL 33544

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

27251 Wesley Chapel Blvd

Ste B14 #795

Wesley Chapel, FL 33544

**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**

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         | VALENTI, KASIE | 27251 Wesley Chapel Blvd | <input type="checkbox"/> Add               |
|              |                | Ste B14 #795             | <input type="checkbox"/> Remove            |
|              |                | Wesley Chapel, FL 33544  | <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            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |

[illegible]

**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.

Dated March 2023, 2nd

Kasie Valenti  
Typed or printed name of signee