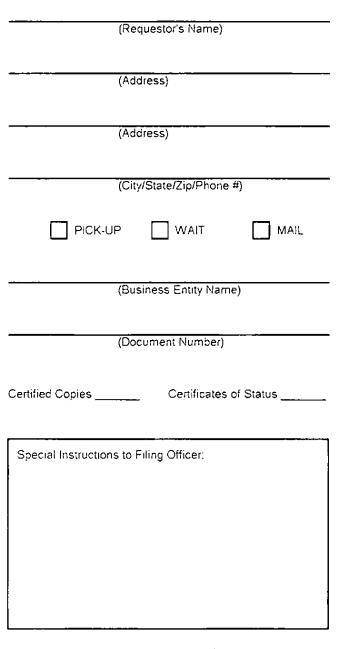
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Office Use Only

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## **COVER LETTER**

Tallahassee, FL 32314

	istration Section of Corp			
eun iezwe.	S&G PROD	JCT DEVELOPMENT LLC		
SUBJECT:		Name of Limi	ted Liability Company	<del></del>
The enclosed	l Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		SHLOMO BENTOV		
			Name of Person	
		S&G PRODUCT DEVELO	OPMENT LLC	
Firm/Company				
		1904 SOUTH OCEAN DR	IVE, APT. 1708	
			Address	
		HALLANDALE BEACH,	FL 33009	
			City/State and Zip Code	
		tov0921@gmail.com		
			o be used for future annual report notifi	ication)
For further in	nformation co	ncerning this matter, please ca	ill:	
SHLOMO E	BENTOV		305 790-3180	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is t	check for the	following amount:		
<b>■ \$25.00 1</b>	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)
Re; Div	iling Address: gistration Sovision of Co D. Box 6327	ection rporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations allahassee
Tal	llahassee, Fl	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·
and assigned
abbreviation "L.L.C."
<del></del>
me of the new registere
me of the new registere
(m) (m) (m)
22.2
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>	Name	Address	Type of Action
MGR	HORACIO G. DELGADO	200 NW 165th. Ave., Pembroke Pines, FL 33028	<b>=</b> Add
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			Change
			DAdd
			□Remove
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			□Add
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tarina daga ikashawih	an tha data of fil	ing:			(optional)	
ective date, if other the effective date is listed, the	late must be specific	and cannot be price	r to date of tiling	or more than 90 da	evs after tiling.) Purs	uant to 605.02
te: If the date inserted in cument's effective date of	this block does no n the Department (	of State's record	cable statutory s.	ming requireme	nts, this date will i	not be fisted a
cord specifies a delayed	effective date, but	not an effective	time, at 12:01 a	.m. on the earlie	r of: (b) The 90t	h day after th
s filed.						
JUNE 20th.		2023				
ted		_·	·			
	Signature o	a member or aut	horized represent	ative of a member		
SHLOMO BEN	τον		,			
SHEOMO DEN		70 1	ited name of sign			

Filing Fee: \$25.00