

L23000339439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

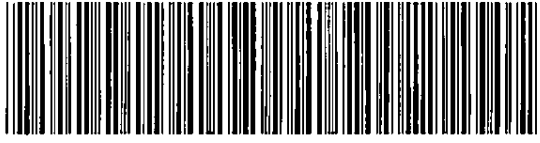
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23 OCT 10 PM 5:04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIGMA ACCOMMODATIONS 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:

Kerith Hollingsworth
Name of Person
SIGMA ACCOMMODATIONS LLC
Firm/Company
880 NW 121ST AVE
Address
PLANTATION, FL 33325
City/State and Zip Code
hollysfg3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerith Hollingsworth at (954) 554-9584
Name of Person Area Code 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**

23 OCT 10 PM 5:09
FILED
TALLAHASSEE

SIGMA ACCOMMODATIONS 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 07/18/2023 and assigned Florida document number 1.23000339439.

This amendment is submitted to amend the following:

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

SIGMA ACCOMMODATIONS LLC

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:

880 NW 121ST AVE PLANTATION, FL 33325

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

880 NW 121ST AVE PLANTATION, FL 33325

(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:

Kerith Hollingsworth

New Registered Office Address:

880 NW 121ST AVE FL.

Enter Florida street address

PLANTATION

City

Florida 33325

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>
MGR	Kerith Hollingsworth	880 NW 121ST AVE PLANTATION, FL 33325	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kerith Hollingsworth	880 NW 121ST AVE PLANTATION, FL 33325	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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