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(Re	questor's Name	*)
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	J. HORNE
		OCT 18 2023





10/10/23--01034--009 \*\*20.00



#### **COVER LETTER**

TO:

Registration Section

. Division of	Corporations			
SIGMA	ACCOMMODATIONS LLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corr	espondence concerning this matter	to the following:		
	Kerith Hollingsworth			
		Name of Person		
	SIGMA ACCOMMODAT	TIONS LLC		
		Firm/Company		
	880 NW 121ST AVE			
		Address		
	PLANTATION, FL 33325	;		
	<del>-</del>	City/State and Zip Code		
	hollysfg3@gmail.com			
	E-mail address: (	to be used for future annual report notification)		
For further informati	on concerning this matter, please c	all:		
Kerith Hollingsworth	1	954 554-9584 at ( )		
Na	me of Person	Area Code Daytime Telephone Number	_	
Enclosed is a check f	or the following amount:			
<b>■</b> \$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certified Copy Certificate of Standard Copy is enclosed)  □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & Certificate of Standard Copy is enclosed)	Status &	
Division of P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

### ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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ART	CICLES OF OF OF OF	RGANIZATION	S 00, 10 My 5:09
	0.		197 10
SIGMA ACCOMMODATIONS L	LC		The Comment
		y as it now appears on our record ability Company)	<u>s.</u> ) · · · · · · · · · · · · · · · · · · ·
	(A Florida Limited Li	ability Company)	
e Articles of Organization for this Limited L	iability Company v	vere filed on 07/18/2023	and assigned
orida document number 1.23000339439			
orida document number	<del></del>		
is amendment is submitted to amend the following	lowing:		
. If amending name, enter the new name of	of the limited liabil	ity company here:	
	<u>,, the illined lightl</u>	et combant nere.	
IGMA ACCOMMODATIONS LLC ne new name must be distinguishable and contain the	wanda W. imitud Linhilit	u Company " the decimation "I.I.C	" or the abbreviation "L. C."
te new name must be distinguishable and contain the	words Timiled Liabilii	-	
nter new principal offices address, if appli	cable:	880 NW 121ST AVE PLANTA	ATION, FL 33325
Principal office address MUST BE A STREE	ET ADDRESS)		
nter new mailing address, if applicable:		880 NW 121ST AVE PLANTA	ATION, FL 33325
Mailing address MAY BE A POST OFFICE	' ROY		
Tuning didaress MAT BE AT OST OTTTEE	BOA		
. If amending the registered agent and/or	registered office a	ddress an aur recards, enter	the name of the new regist
gent and/or the new registered office addre		ediess on our records, enter	the hame of the new region
Name of New Registered Agent:	Kerith Hollingsv	vorth	
<u>name of flow regioned rigem</u> .	000 NNV 1310T	AND IN	
New Registered Office Address:	880 NW 121ST	AVE 11.  Enter Florida street addres	
	PLANTATION	, Fl	orida <u>33325</u>
		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>	Type of Action
MGR	Kerith Hollingsworth	880 NW 121ST AVE PLANTATION, FL 33325	<b>=</b> Add
			□Remove
			□Change
AMBR	Kerith Hollingsworth	880 NW 121ST AVE PLANTATION, FL 33325	<b>=</b> Add
			□Remove
			□Change
	<del></del>		□Add
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(If an ef Note:	ive date, if other than the date of filing:  O7/15/2023  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 29th 2023
	16 Maron
	Signature of a member or authorized representative of a member