

11/20/24, 9:48 AM

Division of Corporations

L23000419691

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : CONTADORUSA INC.  
Account Number : I20200000118  
Phone : (305)260-6968  
Fax Number : (786)513-7810

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SGC1 HOMES LLC

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Corporate Filing Menu

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K. SALY

NOV 22 2024



November 21, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SGC1 HOMES LLC  
4301 URBANA DR  
APT 305  
ORLANDO, FL 32837US

SUBJECT: SGC1 HOMES LLC  
REF: L23000419691

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please state the action (add, remove, change) for Evandro Fascina.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H24000385004  
Letter Number: 524A00025501

DocuSign Envelope ID: A87E1898-4C20-4A84-96E7-AA279CD86C13

ARTICLES OF AMENDMENT TO  
ARTICLES OF ORGANIZATION OF

SGCI HOMES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)FILED  
2024 NOV 21 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/08/2023 and assigned  
Florida document number L23600419691.

This amendment is submitted to amend the following:

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

HEAVY DUTY RENTALS 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:

(Principal office address MUST BE A STREET ADDRESS)

11078 WHISTLING PINE WAY

ORLANDO, FL 32832

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11078 WHISTLING PINE WAY

ORLANDO, FL 32832

## 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:

FL REGISTERED AGENTS SERVICES LLC

New Registered Office Address:

15805 BISCAYNE BLVD STE 201

Enter Florida street address

AVENTURA

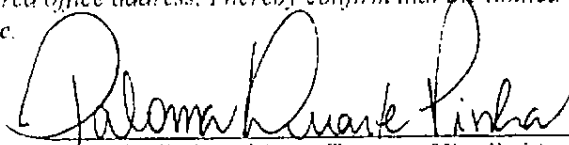
City

Florida 33160

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

DocuSign Envelope ID: A87E1898-4C20-4A84-96E7-AA279CD86C13

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	BORGES REALTY LLC	11078 WHISTLING PINE WAY	<input checked="" type="checkbox"/> Add
		Orlando, FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FASCINA CORP	1080 WEST PORT BLVD 1102	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE, FL 33963	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZAGONEL, GIOVANI	4609 LAKE CALABAY DR	<input type="checkbox"/> Add
		ORLANDO, FL 32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FASCINA, EVANDRO	1080 WEST PORT BLVD APT 1-102	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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