

L24000256902

(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:

Rec  
5/21

08/06  
no\$

Office Use Only



600434320816

08/23/24--01021--024 \*\*25.00

08/23/24  
KH

FILED  
2024 AUG 21 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: SDGC 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:

BLAINE C. DICKENSON, ESQ.

Name of Person

DICKENSON LAW, P.A

Firm/Company

4800 N. FEDERAL HWY.

Address

SUITE E-100

City/State and Zip Code

BOCA RATON, FL 33431

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

For further information concerning this matter, please call:

Blaine C. Dickenson

at ( 561 ) 391-1900

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 AUG 21 PM 2:20

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SDGC 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 06/05/2024 and assigned  
Florida document number L24000256902.

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(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:

\_\_\_\_\_

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

AUG 21 PM 2:20  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

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          | SDGC Management Partners, LLC | 900 E. ATLANTIC AVE.   | <input checked="" type="checkbox"/> Add    |
|              |                               | SUITE 5                | <input type="checkbox"/> Remove            |
|              |                               | DELRAY BEACH, FL 33483 | <input type="checkbox"/> Change            |
| MGR          | J. RICHARD STAMM              | 900 E. ATLANTIC AVE.   | <input type="checkbox"/> Add               |
|              |                               | SUITE 5                | <input checked="" type="checkbox"/> Remove |
|              |                               | DELRAY BEACH, FL 33483 | <input type="checkbox"/> Change            |
| MGR          | MICHAEL STAMM                 | 900 E. ATLANTIC AVE.   | <input type="checkbox"/> Add               |
|              |                               | SUITE 5                | <input checked="" type="checkbox"/> Remove |
|              |                               | DELRAY BEACH, FL 33483 | <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            |

FILED  
2022 AUG 24 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 August 1, 2024

BLAINE C. DICKENSON, ESQ.

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 AUG 21 PM 2:20

1  
 2  
 3  
 4  
 5

**Filing Fee: \$25.00**