

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.
Account Number : 104076000124
Phone : (305)476-7100
Fax Number : (305)476-7102

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: abazo@rascoklock.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIGDO PHARMA LLC**

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K. SALY

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Division of Corporations
TALLAHASSEE, FLORIDA



November 5, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SIGDO PHARMA LLC
2635 NW 104TH AVE
APT 410
SUNRISE, FL 33322US

SUBJECT: SIGDO PHARMA LLC
REF: L24000349838

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.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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. #: B24000366614
Letter Number: 624A00024248

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIGDO PHARMA 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:

SUSANA H GONZALEZ DE SAEZ

Name of Person

LLC

Firm/Company

2635 NW 104 TH AVE APT 410

Address

SUNRJSE, FL 33322

City/State and Zip Code

adavila@sigmadomus.net

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

For further information concerning this matter, please call:

ADRIANA DAVILA

305

4002418

Name of Person

at (_____) _____
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGDO PHARMA 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 AUGUST 09, 2024 and assigned
Florida document number L24000349838

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:

ADRIANA W. DAVILA CASTRO

New Registered Office Address:

2635 NW 104 TH AVE APT 410

Enter Florida street address

SUNRISE


City

Florida 33322

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

Title	Name	Address	Type of Action
MGR	SUSANA H GONZALEZ DE SAE	2635 NW 104 TH AVE APT 410,	<input type="checkbox"/> Add
		SUNRISE, FLORIDA, 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAIME F. FUENTEALBA SANCHEZ	2635 NW 104 TH AVE APT 410,	<input type="checkbox"/> Add
		SUNRISE, FLORIDA, 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADRIANA DAVILA	2635 NW 104 TH AVE APT 410,	<input checked="" type="checkbox"/> Add
		SUNRISE, FLORIDA, 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 31, 2024

Signature of a member or authorized representative of a member

ADRIANA W. DAVILA CASTRO

Typed or printed name of signer

Filing Fee: \$25.00