11/14/24, 1:25 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000378883 3)))



H240003788833ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SG PROJECT MANAGEMENT LLC

Account Number : 120220000151 : (754)226-4414 Phone

Fax Number : (213)867-8984

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GAVAZZONI LEGAL SOLUTIONS LLC

| | | | | |
|----------------|--------|------|---------|---|
| Certificate of | Status | | 0 | |
| Certified Copy | ý | | 0 | - |
| Page Count | | | 01 | |
| Estimated Cha | ırge | | \$25.00 | _ |

T. LEMIEUX NOV 2 0 2024 To:

If Changing Registered Agent, Signature of New Registered Agent

H240003788833

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GAVAZZONI LEGAL SOLU | TIONS LLC | |
|--|--|----------------------|
| (Name of the Limited Liability Company as (A Florida Limited Liability) | it now appears on our records.) Try Company) | |
| The Articles of Organization for this Limited Liability Company were L24000474903 Florida document number | 1 1 10 0 10 0 0 4 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | company here: | |
| GAVAZZONI SOLUTIONS LLC The new name must be distinguishable and contain the words "Limited Liability Contains the words to the contain the c | Company," the designation "LLC" or the abbrevi | ation "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) | <u> </u> | |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: | dress on our records, <u>enter the name o</u> | f the new registered |
| Name of New Registered Agent: | | 7 1 |
| New Registered Office Address: | Enter Florida street address Florida | N D |
| New Registered Agent's Signature, if changing Registered Agent; | City to act in this canacity. I further agre | e to comply with the |
| New Registered Agent's Signature, it changing Registered agent and agre I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | C_{k-1} | INIS UUCUMENT 13 |

To:

H240003788833

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 = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|--------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | DAdd |
| | | | □ Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | - | Change |
| | | | |
| | | | □Remove |
| | | | ☐ Change |
| | | | DAdd |
| | | | □Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |

H240003788833

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
|--|------------------|
| | |
| | . |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| E. Effective date, if other than the date of filing: (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 the 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 the effective date is listed, the date must be specific and cannot be prior to date of filing requirements, this date will not be | ··· 405 0207 (3V |
| (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 ming.) reasonable Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. | e listed as the |
| 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 record is filed. | y after the |
| 2024 | |
| Dated 11/14 | |
| Signature of a member or authorized representative of a member | _ |
| GAVAZZONI OLIVEIRA, ADRIANA | |
| Typed or printed name of signee | |

H240003388933

Filing Fee: \$25.00