M18 00000 4820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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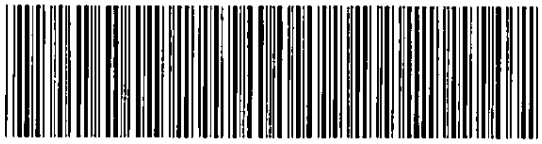

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TALLAHASSEE, FLORIDA

VLL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160÷ $25.00
AUTHORIZATION SIGNATURE: _____
SG Group Owner 1, LLC M18000004820
BUSINESS (Name) Document #

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___ Mail out

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____**Certified Copy of Organization and amendment**

.___ Certificate of Status

NEW FILINGS

____Profit
____Not for Profit
__ __Limited Liability
____Domestication
____Other
___ CORP
___ PLLC

AMENDMENTS

__X__Amendment
_ ___Resignation
___Change of Registered Agent
____Dissolution/Withdrawal
____Merger
___ Conversion

OTHER FILINGS

____Annual Report

____ Fictitious Name

REGISTERATION/QUALIFICATIONS

____ Foreign filing
____Limited Partnership
___ Reinstatement
___.Statement of Authority
_

_____ APOSTIL (_____ ___Other
Country

EXAMINER'S INITIALS:_____

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___ Will wait

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___.Statement of Authority
_

_____ APOSTIL (_____ ___Other
Country

EXAMINER'S INITIALS:_____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (I-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: SG GROUP OWNER 1 LLC

Enter new principal office address, if applicable: 245 SAW MILL RIVER RD, HAWTHORNE, NY 10532

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 4830 ARID AVE #2065 LAS VEGAS NV 89115

(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000004820

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: 5-18-2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:

(must contain "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

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6. 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

City, Florida 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction

8. If the amendment changes person, title or capacity in accordance with 805-0902 (1)(e), indicate that change.

Title/ Capacity	Name	Address	Type of Action
MgR	Grins BURG ADAm C/O GDC PROPERTIES, LLC 2455 Aw mill River Rd HAwthorne, NY 10532	245 SAw mill River Rd HAwthorne NY 10532	☐ Add
			X Remove
PtD	Michael Pollard	245 SAw mill River Rd HAwthorne NY 10532	X Add
			☐ Remove
MgR	Michael Pollard	6601 Bermuda Rd Las vegas NV 89119	X Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

MK Owner/ PresRent
Signature of the authorized representative

Michael Pollard owner/ President
Typed or printed name of signee

Filing Fee: $25.00