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## **COVER LETTER**

Div	ision of Corp	orations		
CUDIECT.	SAGE STUE	DIO AND BEAUTY SALON,	, LLC	
SUBJECT:		Name of Limi	ited Liability Company	<del></del>
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Humberto J. Moreno, J.D.		
			Name of Person	
		Moreno & Associates		
			Firm/Company	
		3600 Red Road, Ste 301		
			Address	· <del></del>
		Miramar, FL 33025		
			City/State and Zip Code	
		admin@accountingbwtba.co		
		E-mail address: (1	to be used for future annual report notificatio	
For further is	nformation co	ncerning this matter, please ca	all:	ASS I
Humberto J	. Moreno, J.D.		954 603-8978 ext 8978	8 2 T
	Name of		Area Code Daytime Tele	phone Number 8
Enclosed is	a check for the	following amount:		
□ \$25.00 F	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)

TO:

**Registration Section** 

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAGE STUDIO AND BEAUTY S			
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our rebility Company)	ecords.)
The Articles of Organization for this Limited I Plorida document number L10000048405	Liability Company w	ere filed on 05/05/2010	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liabili	ty company here:	
he 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 appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			20/8 TALL
			>>
Inter new mailing address, if applicable:			## B
Mailing address MAY BE A POST OFFICE	E BOX)		SEE 2
			- U
			983 F.
B. If amending the registered agent and registered agent and/or the new registered of	÷.	ce address on our rec	cords, enter thecname of the
egistered agent and/or the new registered (	onice address here.		
Name of New Registered Agent:	BW&T Business	Advisers, Inc	
New Registered Office Address:	3600 Red Road, S	Ste 301	
<del>-</del>		Enter Florida street a	yddress
	Miramar		_, Florida <u>33025</u>
		City	Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Anakary Castillo	4377 RAINBOW AVE	
		WESTON, FL 33332	■ Remove
		<del></del>	☐ Change
AMBR	Daniela Alejandra Arispe Fernande	1801 South Treasure Dr # 327	<b>■</b> Add
		Miami, FL 33141	□ Remove
			□ Change
AMBR	Roberto Lopez Gambardella	1801 South Treasure Dr # 327	Add
		Miami, FL 33141	Remove
		<del></del>	☐ Change
		•	Add Add
			AHAS Remove
		<u></u>	Change.
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing cote: If the date inserted in this block does not meet the applicable statutory fi	or more than 90 days after filing.) Pursuant to filing requirements, this date will not be
ocument's effective date on the Department of State's records.	
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e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	e time, at 12:01 a.m. on the ea
ated $\frac{1-\frac{3}{4}-16}{\times 10^{-16}}$	
U CN AD	
Signature of a member or authorized representa	tive of a member

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Filing Fee: \$25.00