

LD3000013824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

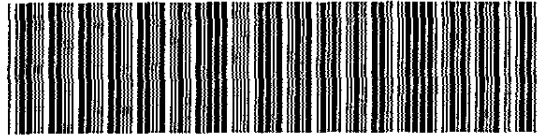
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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ALLEN L. POUCHER, JR., P.A.
Attorneys and Counselors at Law
2705 Riverside Avenue
Jacksonville, Florida 32205
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ALLEN L. POUCHER, JR.
apoucher@poucherlaw.com

HERBERT L. THOMAS
hthomas@poucherlaw.com

October 30, 2003

Dept. of State
Div. Of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Sage Capital Investment, LLC

Gentlemen:

Enclosed please find a signed Amendment to Certificate of Limited Liability Company changing the Managing Member. Also enclosed is our check in the amount of \$35.00 for the fee for filing this Amendment.

Please forward a stamped copy to this office in the enclosed envelope, after the Amendment has been filed.

Sincerely,

Phyllis T. Tuttle
Paralegal

/PT
Encls.

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 7, 2003

ALLEN L. POUCHER, JR., P.A.
ATTORNEYS AND COUNSELORS AT LAW
2705 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205

SUBJECT: SAGE CAPITAL INVESTMENTS, LLC
Ref. Number: L03000013824

To Pghelin
Redo
W LLC
DOC +
Both Managers
OK

We have received your document for SAGE CAPITAL INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a limited partnership, but your entity is a limited liability company. Enclosed is the proper form for amending your limited liability company.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 103A00060840

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AMENDED AND RESTATED
ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAGE CAPITAL INVESTMENTS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

PO Box 3293

Jacksonville, FL 32206

Mailing Address:

PO Box 3293

Jacksonville, FL 32206

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Allen L. Poucher, Jr.

Name

2705 Riverside Avenue,

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FLORIDA

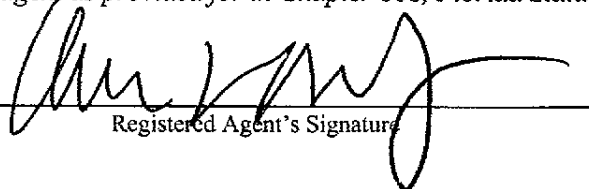
32205

City, State, and Zip

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DIVISION OF CORPORATIONS

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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 608, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Danny Ray Beeson

PO Box 3293

Jacksonville, FL 32206

MGRM

Robert Botkin

PO Box 3293

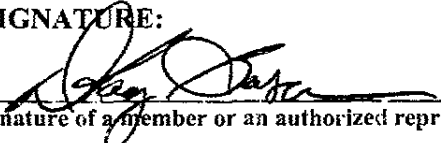
Jacksonville, FL 32206

(Use attachment if necessary)

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Danny Ray Beeson

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)