

LD9000044383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 12 AM 10:43

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sageous Capital Management, 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:

Bruce S. Pilavis

Name of Person

Sageous Capital Management, LLC

Firm/Company

9010 Strada Stell Court, Suite 202

Address

Naples, FL 34109

City/State and Zip Code

brucepilavis@yahoo.com

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

For further information concerning this matter, please call:

Bruce Pilavis

Name of Person

at (508) 801-8030

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Medley Advisory Services, 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 MAY 6, 2009 and assigned
Florida document number LD 9000044383

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sageous Capital Managment, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9010 Strada Stell Court, Suite # 202

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34109

Enter new mailing address, if applicable:

same

(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:

Bruce S. Pilavis

New Registered Office Address:

9010 Strada Stell Court, Suite 202

Enter Florida street address

Naples

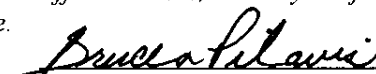
, Florida

City

FILED
10 OCT 12 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Zip Code 34109

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|---|--|
| Mgrm | Gary W. Medley | 21409 Sheridan Run Estero, FL 33928 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| Mgrm | Bruce S. Pilavis | 2378 Ravenna Blvd. #101 Naples, FL 34109 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| Mgr | Michael Stabile | 432 Terracina Way Naples, FL 34119 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated 10/7/2010, _____

Bruce S. Pilavis
Signature of a member or authorized representative of a member

Bruce S. Pilavis
Typed or printed name of signee