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C. LEWIS FEB 1 9 2010 EXAMINER

### **COVER LETTER** :--

TO: Registration Section Division of Corporations		
<b>25</b> N		
SUBJECT:	SULTENFUSS SAGE LLC	
	Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Shoppy Sur TEN FUSS	
	Sherry Suctou Fuss Name of Person	
	Firm/Company	
	102 HARBOR VIEW Lane	
	LARGO FL 33770	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information cor	ncerning this matter, please call:	
Sherry Sul Name of	Person at (727) 586 6267  Area Code & Daytime Telephone Number	
,		
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

FILED

2010 FEB 18 PM 1 07 SECRETARY OF STATE iability Company as it now appears on our itecdres ASSEE, FLORIDA lorida Limited Liability Company) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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> Type of Action <u>Address</u> **Name** ☐ Add **Remove** MGRM Kutherine Sultenfuss 102 harborview Lane Remo Remove □Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Page 2 of 2 Filing Fee: \$25.00