## UDDDDDDDDDDDC

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(Address)				
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PICK-UP WAIT MAIL				
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D. BRUCE

FEB 14 2011

EXAMINER

## **COVER LETTER**

12

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Co	rporations			
SUBJECT:	Sage	eMinds, LLC		
		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Chia	ng-Sheng Derrick Hua	ang	_
		Name of Person		
		SageMinds, LLC		_ Zor _
		Firm/Company		
	1033	0 Lexington Estates B	Blvd.	EB -
		Address		SEE SEE
	P	oca Raton, FL 33428		
		City/State and Zip Code		STATE STATE
	cc	lhuang22@gmail.com	1	)
		to be used for future annual repo	ort notification)	
For further information of	concerning this matter, please of	call:		
	ahyun Goo	at ( 561 )	843-7198	
Name o	of Person	Area Code &	Daytime Telephone Numb	er
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certific nclosed) Certific	filing Fee, cate of Status & ed Copy onal copy is enclosed)
Regist Divisi	LING ADDRESS: rration Section on of Corporations	Registration Division of	Corporations	
	Box 6327	Clifton Bui		

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SageMinds, LLC		
( <u>Name of the Limited</u> (/	Liability Company as it now appead Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L	· · · · —	01/25/2010	and assigned
Florida document numberL1000000			
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	f the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end wi"L.L.C."	th the words "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applic	cable:		A SE
(Principal office address MUST BE A STREI	ET ADDRESS)	<del></del>	
			SSEE DE
Enter new mailing address, if applicable:			S S
(Mailing address MAY BE A POST OFFICE	BOX)		
		-	
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter	the name of the new
Name of New Registered Agent:	Chiang-Sheng Derrick Hu	ang	
New Registered Office Address:	10330 Lexington Estates		
<del></del>	E	nter Florida street add	dress
	Boca Raton	, Florida	33428
	City		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 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

	Ianaging Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			Add Remove
			Add Remove
			- D
			□ Damaya
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets,	if necessary.)
_			TEB 11
_			- FORD
Dated			,
		$\rho - L $	

if amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00