## L10000008620

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## **COVER LETTER**

Division of Co	orporations					
SUBJECT:	Sage	eMinds, LLC				
Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:	•			
	•					
	Chia	ing-Sheng Derrick Huang				
		Name of Person				
Firm/Company						
	10330 Lexington Estates Blvd					
		Address				
	В	Soca Raton, FL 33428				
City/State and Zip Code						
	derri	ck@iplanforcollege.com	<u> </u>			
	E-mail address: (	to be used for future annual report notifica	tion)			
For further information	concerning this matter, please of	call:				
Chiang-S	heng Derrick Huang	at (_561 )3	06-4682			
Name	of Person	Area Code & Daytime T	elephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

**MAILING ADDRESS:** 

J TD:

Registration Section

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

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SageMin	ds, LLC	ALLAHASSEF E	PLATE
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea Liability Company)	rs on our records.)	CORIDA
The Articles of Organization for this Limited Liability Company	were filed on	01/25/2010	and assigned
Florida document numberL1000008620			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
iPlan, L			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	P.O. Box 81	1541	
(Mailing address MAY BE A POST OFFICE BOX) Boca Raton, FL 33481-1541			
	:		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			_
New Registered Office Address:			····
	Enter Florida street address		
	a.	, Florida	
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
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and the second s			Add Remove
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D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	SECTION TALLAMASS
			ED PH 3: 19
Dated	<u> </u>		
	•	r or authorized representative of a member	
	Typed	-Sheng Derrick Huang or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00