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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Seconds Division of Corp | | |
|---|--|-----------------|
| Name Chan | nge | |
| SUBJECT: | Name of Limited Liability Company | |
| | Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following: | |
| | Stephanie A. Garrepy | |
| | Name of Person | - |
| | Currently: Pro Liaison LLC- Change to: Sage Enterprises SW FL, LLC | |
| | Firm/Company | - |
| | 5622-1 Malt Drive | |
| | Address | - |
| | Ft Myers FL 33907 | 20 1 |
| | City/State and Zip Code | 2815 000 1 |
| | stephaniegarrepy@yahoo.com | and character |
| For further information co | E-mail address: (to be used for future annual report notification) concerning this matter, please call: | |
| Stephanie | 239 810-5180 | 5 |
| Name of | of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for th | the following amount: | |
| □ \$25.00 Filing Fee | (additional copy is enclosed) Certified | ite of Status & |

MAILING ADDRESS:

TO:

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

| | 74 |
|---|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Torida document number | were filed on 1/01/2013 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liab</u> | oility company here: |
| SAGE ENTERPRISES SW FL, LLC | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity 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) | 5622-1 Malt Drive |
| | Ft Myers FL 33907 |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | , |
| <u> </u> | |
| egistered agent and/or the new registered office address her | e: |
| • | Enter Florida street address |
| Name of New Registered Agent: | e: |
| Name of New Registered Agent: | Enter Florida street address Florida City Zifi Code |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = Mai AMBR = Aut | nager horized Member | | |
|-------------------------|---------------------------------------|---------|-----------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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Typed or printed name of signee

Filing Fee: \$25.00