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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SAGA EQUITICS 1 LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Rusa Holden Salines Name of Person
Saga Equities, LCC Firm/Company
10773 NW SBHGS+ # 225
City/State and Zip Code Thsa/?nas (4 Ahot-mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Rosa 146/146 Salina at (746) 327 0829 Name of Person at (746) Daytime Telephone Number
Enclosed is a check for the following amount:
E \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company	were filed on $01/17/2013$ and assigned			
Florida document number <u>/_/3000090</u> . 40	9			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2484 NIU 8976 PC			
Principal office address MUST BE A STREET ADDRESS)	Doral, IL 33/7			
	<u> </u>			
	71/21/ 1/11 394 PM			
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	DOCC 1. Fl. 33/775			
Finning dances Part DE 117 051 (711 TEE DOTY)	29			
If amending the registered agent and/or registered office a	iddress on our records, <u>enter the name of the new registere</u>			
ent and/or the new registered office address here:	records, enter the name of the new registere			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	. Florida			
	City Zip Code			
Registered Agent's Signature, if changing Registered Agent:				
ions of all statutes relative to the proper and complete	provided for in Chapter 605, F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

	ے, mainorized to i mom our records:		
IGR = A $ABR = A$	fanager Authorized Member		
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ctive date, if other effective date is listed, th	than the date of filine date must be specific a	ng:nd cannot be prior to	date of filing or more	(option than 90 days after fi	141) ling.) Pursuant to 605
e: If the date inserted	in this block does not on the Department of	t meet the applicabl			
ord specifies a delaye	d effective date, but n	ot an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day afte
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