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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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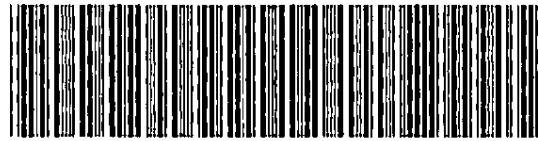
(Business Entity Name)

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*[Signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAGA EQUITIES, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rosa Hilda Salinas  
Name of Person

Saga Equities, LLC  
Firm/Company

10773 NW 58th St # 225  
Address

Doral, FL 33172  
City/State and Zip Code

rhsalinas64@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Hilda Salinas at (786) 327 0829  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & 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

Saga Equities, LLC

(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

\_\_\_\_\_ authorized to manage, enter the title, name, and address of each person being added  
\_\_\_\_\_ from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.

ed December 16th, 2020

Rosa Hilda Salinas

Signature of a member or authorized representative of a member

Rosa Hilda Salinas

Typed or printed name of signee

**Filing Fee: \$25.00**