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(Ad	ldress)	
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09/04/14--01030--011 **25.00

COVER LETTER

TO: Registration Sec Division of Corp			
subject: <u>SAGO</u>	INTERNATIONAL Name of Limited	1 Liability Company	<u>.</u>
	mendment and fee(s) are submi		
Please return all correspon	dence concerning this matter to	the following:	
	Bernaido Gon	zalez	
		Name of Person	
	SAGO INTERNAT	IONAL Firm/Company	
	1500 Weston	Rd. Ste 200	
	Weston, FL	33326 City/State and Zip Code 069@ Smail. (Lom
	E-mail address: (to	be used for future annual report notific	
For further information co	ncerning this matter, please call:		
Bernardo Gol Name of	nzalez Person	at (<u>954</u>) <u>655</u> <u>316</u> Area Code Daytime T	Sq Telephone Number
Enclosed is a check for the	e 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAGO INTERNATION		
(Name of the Limited Liability Compa (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on O8 04 14	and assigned
Florida document number <u>L13000019597</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Entar new mailing address if applicables	14227 SW 97 Terrace)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Miami FL 33186	<u></u>
Transfer and the first of the f		
B. If amending the registered agent and/or registered of	fice address on our records enter t	he name of the new
registered agent and/or the new registered office address here		ne name of the new
Name of New Registered Agent:		•
New Registered Office Address:	Enter Florida street address	<u></u>
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent;	·	<u>.</u>
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am fa	miliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	560 Group Corp		Add
	•	1500 Weston Rd.	XRemove
		Weston FL 33326	
	Carmela Tomasicchio		V (LQ M Add
		Miumi, Fl 33186	□ Remove
			
			Add
			Remove
			
			🗆 Add
			□ Remove
			Add
			□ Remove
			□ Remove

E. Effective	e date, if	other t	han the (date of filing: (optional)	
(The effecti	ive date mu	st be spe	cific, canno	ot be prior to date of receipt or filed date and cannot be more than 90 days after	
the date th	nis docume	nt is filed	by the Flor	orida Department of State)	
Dated	09	02	14		
		,		Whathe	
				Signature of a member or authorized representative of a member	_
				Bernardo Gonzalez.	
				Typed or printed name of signee	

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Filing Fee: \$25.00