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(((H200002875513)))



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Phone Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MICRO SPINAL, LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Micro Spinal, LLC	as it now annears on our records.)	
(Name of the Limited Liability Company (A Florida Limited Liab	ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number £13009055119	re filed on April 15, 2013 and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	v company here:	
Sage OG 2, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation	ı "L.L.C."
Enter new principal offices address, if applicable:		 .
(Principal office address MUST BE A STREET ADDRESS)		<u>- 12</u>
		Fr
		(.) (2)
Enter new mailing address, if applicable:		0
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
_		
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	lress on our records, <u>enter the name of the</u>	new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Ciry Zip C	ode

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 605, 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.

MGR = Manager

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

AMBR = Authorized Member			
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			□Add
			ПRеточе
			D\dd
			CRemove
			☐Change
			□Add
			Change
			CAdd
			Петюче
			□Change

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Effec fan ei Note: docur	tive date, if other than the date of filing: Testive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
r e co d is f	rd 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 iled.
.	August 19, 2020
Dated	
	Signature of a member or authorized representative of a member
	Carrie L. Cogburn, Vice President