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COVER LETTER

TO: Registration Section Division of Corporations

_{suвјест:} Sacragustin, 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:

Roland H. Acosta, Esq.

Name of Person

Roland H. Acosta & Associates, P.A.

Firm/Company

399 Carolina Ave., Ste. 210

Address

Winter Park, FL 32789

City/State and Zip Code

racosta@acostaatlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Rudolph

<u>___407</u>、644-2531

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sacragustin, LLC		
(Name of the Limited Li	ability Company as it now appears on our reco	ords.)
. (A FI	orida Limited Liability Company)	The second
The Articles of Organization for this Limited Liab	ility Company were filed on May 30 2013	and assigned:::
	my company were med on	G G G
Florida document number L13000078731	·	
This amendment is submitted to amend the follow	ing:	age to make according
	_	
A. If amending name, enter the new name of the	ne limited liability company here:	表示
		<i>**</i>
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or	registered office address on our records,	enter the name of the new
registered agent and/or the new registered offic		<u> </u>
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida s	treet address
	. Fla	orida
	City	Zip Code

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 608, 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.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jesus Agustin Diaz Rincon	7217 Mardell Court	Add
		Orlando, FL 32835	Remove
MGR	Jesus Diaz Rincon	7217 Mardell Court	Add
		Orlando, FL 32835	Remove
			Add
			Remove
			Add
			G 2 PH Add Remove
			Add
			Remove

). If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
•	
August 2	2013
	f a member or authorized representative of a member
Roland H. Acosta	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00