

L14 000037700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

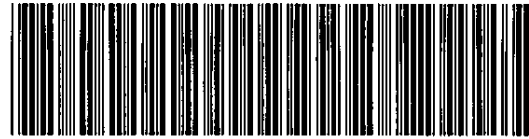
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300263821813

09/02/14--01041--002 **30.00

FILED
2014 SEP -2 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP -9 2014
T CLINE

L14-37700

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAGE SOUTH BEACH HOLDINGS 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:

WILLIAM SHANE HUNT
Name of Person

SAGE SOUTH BEACH HOLDINGS LLC
Firm/Company

238 PONTE VEDRA PARK DRIVE SUITE
Address

PONTE VEDRA BCH FL 32082
City/State and Zip Code

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

FILED
2014 SEP -2 AM 10:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

SHANE HUNT at (904) 524-5907
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

**TO
ARTICLES OF ORGANIZATION
OF**

Sage South Beach Holdings LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 6TH 2014 and assigned Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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 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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Ergisi	238 Ponte Vedra Park Dr. Suite # 103 Ponte Vedra Bch. FL 32082	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

AMBR David Ergisi 238 Ponte Vedra Pk. Dr. ☒ Add
SPITE #103 ☐ Remove
Ponte Vedra Bch, FL 32082

[illegible]

100

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 26 AUGUST, 2014.

W. J. H.

Signature of a member or authorized representative of a member

WILLIAM SHANE HUNT

Typed or printed name of signee

current
manager

David M. Ergisi
David M. Ergisi

new
manager

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 SEP -2 AM 10:05

FILED