L140000 84298

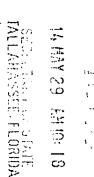
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corpora	n ,	F &	ia .	
SUBJECT:	Sagicor Name of Limited	i Liability Company		
The enclosed Articles of Ame	endment and fee(s) are submit	tted for filing.		
Please return all corresponder	nce concerning this matter to	the following:		
-	William H.	James Name of Person		
-		Firm/Company		
-	7462 Green	rille Circle		
-	Wlames 22 @	City/State and Zip Code Compose used for future annual report notifications.	ication)	
For further information conce			,	
William	James	at (561) 309- Area Code Daytime	2759	
Name of Per	son	Area Code Daytime	Telephone Number	
Enclosed is a check for the fo	llowing 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 &	

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

Sagicore	,LLC	ords \
(A Florida Lin	nited Liability Company)	1
If amending name, enter the new name of the limited liability company here: Saciloro Group LLC the new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
This amendment is submitted to amend the following:	es of Organization for this Limited Liability Company were filed on 5/27/2014 and assigned cument number L14000084298 diment is submitted to amend the following: Inding name, enter the new name of the limited liability company here: Sacilor Groun LLC The must be distinguishable and end with the words "Limited hiability Company," the designation "LLC" or the abbreviation "L.L.C." The principal offices address, if applicable: Office address MUST BE A STREET ADDRESS) The mailing address, if applicable: Indicate the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: The Registered Agent: The Registered Office Address: Enter Florida street address Enter Florida street address	
Sagiloro Grou	D.LLC	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		75
B. If amending the registered agent and/or registers	ed office address on our reco	· ·
Name of New Registered Agent:		
New Registered Office Address:	It to amend the following: The new name of the limited liability company here: Silord Croud LLC Table and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." address, if applicable: IST BE A STREET ADDRESS) if applicable: I POST OFFICE BOX) tered agent and/or registered office address on our records, enter the name of the new new registered office address here: Stered Agent: The Address: Enter Florida street address Florida	
	,	Florida 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

Page 1 of 3

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:

MGR = Manager

tle	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of rece the date this document is filed by the Florida Department of State Dated Dated , 20	е)	(optional) re than 90 days after		
William Jan	or authorized representative of a	member	_	
	Page 3 of 3	ïallat Ka	35 U.A. 17 H.V.	; n.,
Fili	ing Fee: \$25.00	ASSEE, FLORIDA		CENTRAL TALL