L15000113547

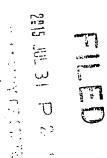
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Namo	e)
(Do	ocument Number)	 .
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200275440792

07/31/15--01024--002 **25.00



AUG 0 3 2015

8 MASON

3Stacy Mikol

Sunny Sage LLC

2754 Begonia Ct.

Delray Beach, FL 33445

561-445-5431

Smikol22@gmail.com

Florida Department of State,

I just registered the LLC Sunny Sage LLC on July 1st. I thought that because it's in my name with my address, I'd by the agent so I didn't add myself. I need to be added as the registered agent for my LLC. Can you please add me? All of my contact information is listed above.

Thank you,

Stacy Mikol

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sunny SAGE 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:
Stay Mikol Name of Person
Firm/Company
2754 Begonia Ct.
De Ivay Beach, FL 33445 City/State and Zip Code Smikolad @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stacy Mika at (Slot) 445-543 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Signature S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & S60.00 Filing Fee, Certified Copy (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

Sunny Sage 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 7 6 15 and assigned Florida document number
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: Stacy Miko I
New Registered Office Address: 2754 Begonia Ct. Enter Florida street address De lay Bea Ch., Florida 33445 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. Thereby 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Name</u> **Type of Action** Address Stacy Mikol 2754 Begonia Ct MAdd

Delvay Beach, Fl 33445

Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change \square Add □ Remove _□ Change ☐ Remove

				<u>.</u>	
				., .,	
					<u></u>
		 .			
	<u></u>				
				· · · · · · · · · · · · · · · · · · ·	
ffective date, if oth	er than the date of fili	ing:		(optional)	(0.5.000.00
iote: If the date inser	d, the date must be specific a rted in this block does no date on the Department of	t meet the applicable sta			
ocument's effective o	s a delayed effective		ffective time, at 12	2:01 a.m. on the ea	arlier of:
e record specifies	ter the record is filed	u.			
e record specifies The 90th day aft	ter the record is file $\frac{27}{5}$., <u> </u>	_		
e record specifies The 90th day aft	27//S	_,	M		
	27/15	Stace	Dresentative of a member	Ceo 3	a
e record specifies The 90th day aft	27/15	a member or authorized re			
e record specifies The 90th day aft	27/15	a member or authorized re		JUL 3	COMPANY COMPANY
e record specifies The 90th day aft	27/15	Stace		JUL 3	(Marie
e record specifies The 90th day aft	27/15	a member or authorized re Stacy Typed or printed name	Miko) of signee		COMPANY COMPANY
e record specifies The 90th day aft	27/15	a member or authorized re Typed or printed name	Miko) of signee		