

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000094101 3)))



H170000941013ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MONAHAN MIJARES CPA PA
Account Number : 120050000157
Phone : (305)407-1438
Fax Number : (305)397-1003

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TECSAGA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

FILED
17 APR 21 AM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2017 APR 21 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT

APR 24 2017

850-617-6381

4/18/2017 2:54:44 PM PAGE 1/001 Fax Server



April 18, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TECSAGA, LLC
75 VALENCIA AVE.
STE. 703
CORAL GABLES, FL 33134

SUBJECT: GROUP SAGE, LLC
REF: L16000009945

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

FAX Aud. #: H17000094101
Letter Number: 017A00007507

FILED
17 APR 21 AM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 21, 2017

Florida Department of State
Division of Corporations

Ref: TECSAGA LLC to GROUP SAGA 19 LLC-
Articles of Amendment - Change Name
Document #: L16000009945

Dear Mr. Shivers,

Upon receipt letter from you (# 017A00007507) dated April 18, 2017, requesting to make a correction in the name designated, please note that we have made a slight change in the name from Group Saga LLC to Group Saga 19, LLC (by adding a number to the original name). We previously observed that this name is available in Florida. So please see attached Articles of Amendment with the correction so you can process it.

Sincerely,
Elismor Castillo

Attachments:

- Letter Number: 017A00007507
- Cover Letter
- Articles of Amendment

FILED
17 APR 21 AM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TECNAGA, 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:

ROARK R. MONAHAN
Name of Person

MONAHAN-MIJARES CPA, PA
Firm/Company

75 VALENCIA AV, SUITE 703
Address

CORAL GABLES, FL 33134
City/State and Zip Code

ellismor.castillo@monahanmijares.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROARK R. MONAHAN at (305) 407-1440
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

FILED
 APR 21 AM 5:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TECSAGA, 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 01/19/2016 and assigned Florida document number L1600009945

This amendment is submitted to amend the following:

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

GROUP SAGA 19, LLC

The new name must be distinguishable and contain 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

FILED
17 APR 21 AM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED
 APR 21 AM 5:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: December 16, 2016 (optional)

(If an effective 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 605.0207 (3)(h)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated April 4

2017

Handwritten signature of Nelson Santam

Signature of a member or authorized representative of a member

Nelson Santam

Typed or printed name of signer

FILED 17 APR 21 AM 5:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA

TECSAGA LLC

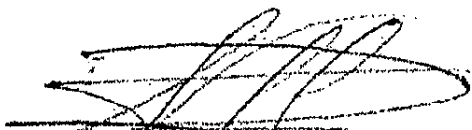
RESOLUTIONS OF THE SOLE MEMBER AND MANAGERS

Pursuant to the Operating Agreement of TECSAGA LLC, a Limited Liability Company organized under the laws of the State of Florida, on January 19, 2016, Document Number, L16000009945, the undersigned, constituting all the Sole Member and Managers of TECSAGA, LLC, do hereby unanimously resolve and consent in lieu of formal meeting to the following resolution:

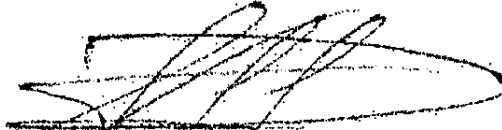
Amendment to the Articles of Organization, Article 1- Name: To Amend the name of the Limited Liability Company.

The Sole Member and Managers approved to change the name of the company from TECSAGA, LLC to GROUP SAGA 19, LLC by filing Articles of Amendment with the Division of Corporation that meet requirements of section 605.0202 Florida Statutes.

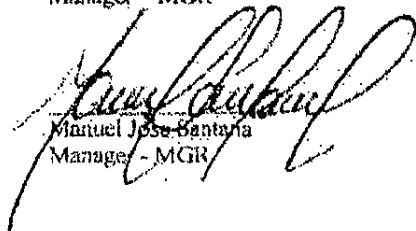
The undersigned, being the Sole Member and Managers of TECSAGA LLC, have executed this resolution as of December 16, 2016



Nelson Santana
Manager - MGR



Sonsan 0119 Investments, Ltd.
Sole Member - Represented by Nelson Santana (Director)



Manuel Jose Santana
Manager - MGR

FILED
17 APR 21 AM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA