## 460000 94781

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2019 FEB - 1 PM 12: 56



## **COVER LETTER**

STAGE U.	SA AGENCY LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LINA MARCELA CENDA	ALES NINO (CEO)	
	STAGE USA AGENCY L	Name of Person LC	
	16475 GOLF CLUB ROAI	Firm/Company D, SUITE 309	-
	WESTON FLORIDA 3332	Address 26	<del></del>
	LINA@STAGEUSAAGEN		<u> </u>
For further information (	E-mail address: (to	to be used for future annual report notificall:	cation)
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

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

FILED

2019 FEB - 1 PM 12: 56 STAGE USA AGENCY 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  $\frac{05/13/2016}{1}$ and assigned Florida document number [.16000094781 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

## 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.

Cirv

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>	Type of Action
CEO	CENDALES NINO, LINA	16475 GOLF CLUB ROAD, SUITE 311, WESTON FL 33326	<b>=</b> Add
			☐ Remove
			□ Change
P STAGE BTL S.A	CARRERA 14A Numero 109-20 Bogota Colombia	□ Add	
		<del></del>	Remove
			Change
AMBR MORA GOMEZ LEONARDO A	MORA GOMEZ LEONARDO A	21011 JOHNSON ST OFFICE 110 Pembroke pines fl 33029	
		<del></del>	≅ Remove
			☐ Change
		<del></del> -	Remove
			□ Change
			□ Remove
			□ Change
			□ Add
			Remove
			Change

	N/A ·
(If an e <u>Note</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Ino Marcela Contales Nino

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee