L16000098299

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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Lisa Kepies			
		Name of Person		
	Dicks & Nanton, P.A.			
		Firm/Company	*	
	520 N Orlando Ave #2			
		Address		
	Winter Park, FL 32789			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	lisa@dnagency.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	all:		
Lisa Kepics		407 215-7564		
Name o	f Person	at () Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	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 Addres		Street Address:		
Registration S Division of C		Registration Section Division of Corporations		
P.O. Box 632		The Centre of	=	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comparing document number 1.16000098299	any were filed on $\frac{5/18/2016}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	liability company here:
Sage Productions LLC	
The new name must be distinguishable and contain the words "Limited L	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	0
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	2020 APR 13
	ice address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City ZinCoda

New Registered Agent's Signature, if changing Registered Agent:

Protege Certification LLC

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 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>	Address	Type of Action
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			□Remove
			□Change
			□ Add
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ective date, if other than t effective date is listed, the date	he date of filing:	ril 9, 2020	£ £11	(opti	onal)	
e: If the date inserted in this	block does not meet the	ne applicable				
ument's effective date on the	Department of State's	records.				
cord specifies a delayed effect filed.	tive date, but not an ef	iective time, a	и 12:01 а.m. ог	i the earlier of: (b) The 90th	day after the
ed April 9	200	20				
	ı s					
	Signature of a memb	41_		8		