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COVER LETTER

TO:		tion Section of Corpora						
SUBJEC	CT:	SAGE	8	BALM			_	
				Name of Lim	ited Liability Company			
The encl	losed Art	icles of Ame	ndment ar	nd fee(s) are sub	mitted for filing.			
Please re	eturn all c	orresponden	ce concer	ning this matter	to the following:			
		-	m	LISSA	<u> </u>		-	
					Name of Person			
		-	· .		Firm/Company		_	
		-	1525	SW 10	01 ST WAY #112			
			Do	(- ~ K 0	Address Dings 51 3	3025		Section of the sectio
		-	16111	Broile	Pines FL 3 City/State and Zip Code	3025	—₹	1.7
					96 U pa m. Con			
				E-mail address: (to be used for future annual report no	otification)	-	TO :
For furth	er inforn	nation conce	rning this	matter, please c	all:		:	\sim
mei	LISSA	HEN	RY		at (305) 343	7418	· .	لين ۱ ن
		Name of Pers	on		Area Code Dayti	me Telephone Numb	er	
Enclosed	is a che	ck for the fol	lowing an	nount:				
□ \$25.	00 Filing	Fee 5		iling Fee & ate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee cate of Sta ed Copy tal copy is c	atus &
		MAILING Registration		SS:	STREET/COUR	RIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,	BALM LL						
(Name of the Limit	ed Liability Company a (A Florida Limited Liabi	s it now appears of lity Company)	on our records.)	l			
The Articles of Organization for this Limited Li		re filed on 0	CT 12 2	2017	and assign	ed	
Florida document number L17000211	<u>635</u> .						
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name of	the limited liability	company here	:				
The new name must be distinguishable and contain the w	ords "Limited Liability C	Company," the desi	gnation "LLC" o	or the abbrev	iation "L.L.C	1 19	
Enter new principal offices address, if applica	able:				<u> </u>		
(Principal office address MUST BE A STREE	T ADDRESS)			:		178 27 4174	
				• ;	. co	Ţ7]	
Enter new mailing address, if applicable:					· J		
(Mailing address MAY BE A POST OFFICE BOX)				· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/registered agent and/or the new registered of		address on o		enter the	name of	the new	
Name of New Registered Agent:	•						
New Registered Office Address:	1525 Sm	Enter Florida	street address	112			
	Pembrone	Pines	, Flori	ida <u>33</u>	025		
		City		Ž	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

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> **Address Type of Action** <u>Name</u> HENRY MGR 1525 SW 1015 WAY #112 VALRIE **⊠** Add pembokE Pines 33025 FL ☐ Remove gorse cume dues ☐ Change Perry Gillian 101 ST WAY #112 MUR 1325 sw Pembrone Pines PL 33025 **K** Remove Change □ Add Remove, _____C Change œ □ Add 12_□ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional) ng or more than 90 days after filing.) Pursuant to 60.	5.020
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be list	ted as
e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earli	ier o
·		
Dated 13th APRIL , 2018 .		
Dated 13th APRIL , 2018.		

Page 3 of 3

Filing Fee: \$25.00