## 1180000144687

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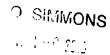
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FILED

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9ECRETARY OF STATE:
AND AHASSEE, FLORIDA



## **COVER LETTER**

Division of Cor	porations				
SAGE SUR	F 2101 LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ndence concerning this matter t	to the following:			
	WILLY GARCIA				
	-	Name of Person			
	SOFIA POWELL-COSIO	P.A.			
	Firm/Company				
	1900 S.W. 3RD AVENUE				
		Address			
	MIAMI, FLORIDA 33129				
		City/State and Zip Code			
	willy@sofiapclaw.com				
		o be used for future annual report notifi	cation)		
For further information co	oncerning this matter, please ca	ill:			
Willy Garcia		305 579-9988			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	e 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:

TO:

**Registration Section** 

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

SAGE SURF 2101 LLC		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 2-21-2018	and assigned
Florida document number L18000046687		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	<b>强强 </b>
The new name must be distinguishable and contain the words "Limited Liabi"	lity Company," the designation "LLC" or the	he aboreviation L.L.G
Enter new principal offices address, if applicable:	33 BOLIVIA STREET	一次
(Principal office address MUST BE A STREET ADDRESS)	SAN JUAN, PR 00917	Fig. 20
Enter new mailing address, if applicable:	33 BOLIVIA STREET	100 A OF
(Mailing address MAY BE A POST OFFICE BOX)	SAN JUAN, PR 00917	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		ter the name of the new
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			□ Remove
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MAILING ADDRESS OF A	ALL MANAGERS SHOULD BE AMENDED AS FOLLOWS:
33 BOLIVIA STREET	
SAN JUAN, PR 00917	
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Note: If the date inserted in this b	e date of filing:  2-21-2018  (optional)  st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 lock does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
seament's effective date of the L	repartment of State's records.
e record specifies a delaye The 90th day after the rea	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: cord is filed.
February 26	2018
- Sofia Por	Signature of a member or authorized representative of a member
SOFIA POWELL-COS	SIO. ESO.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00