L1800046687

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	•
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

O SIMMONS

COVER LETTER

Divisi	ion of Corpo	orations		
_	SAGE SURF	E 2101 LLC		
SUBJECT: _		Name of Limi	ted Liability Company	
The enclosed /	Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return a	ll correspond	dence 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		
		E-mail address: (t	to be used for future annual report notifical	lion)
For further inf	ormation cor	ncerning this matter, please ca	all:	
Willy Garcia			305 579-9988 at ()	
	Name of I	Person	Area Code Daytime Te	elephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fil	ing 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		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000046687	were filed on February 21, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
. The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	
Enter new principal offices address, if applicable:	33 Bolivia Street	77.65 18
(Principal office address MUST BE A STREET ADDRESS)	San Juan, PR. 00917	
		- SS TO THE
Enter new mailing address, if applicable:	33 Bolivia Street	FIGURE
Mailing address MAY BE A POST OFFICE BOX	San Juan. PR. 00917	RID 35
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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
MGR	KAREM ROSARIO	33 BOLIVA STREET	
		SAN JUAN, PR. 00917	■ Remove
			☐ Change
MGR	MILAGROS PAEZ	33 BOLIVIA STREET	⊒ Add
•		SAN JUAN, PR. 00917	□ Remove
			☐ Change
<u>·</u>			Add
			Remove 8
			Add III
			Diri 33 □ Change
		□ Remove	
			☐ Change
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			Remove
			☐ Change

33 BOLIVIA STREET,	SAN JUAN, PR 00	0917			
					
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		February 2	1, 2018		
ective date, if other than effective date is listed, the date	must be specific and	g: I cannot be prior	to date of filing o	r more than 90 days	
te: If the date inserted in the nument's effective date on the	is block does not n ne Department of S	neet the applicates. State's records.	able statutory fi	ling requirements	s, this date will not be liste
record specifies a dela he 90th day after the			t an effectiv	e time, at 12:	01 a.m. on the earlie
MARCH 12,		2018			
	7 / W	,	·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00