L1800076738

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COVER LETTER

	egistration Sec livision of Corp		, ,	
, SUBJECT		E SAGE LLC		
obore i	•	Name of Limi	ted Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please retu	ırıı all correspor	ndence concerning this matter (to the following:	
		PETER K ST GERMAIN		
			Name of Person	
		 	Firm/Company	
		371 REGATTA STREET		
			Address	
		MARCO ISLAND FL 341	45	
			City/State and Zip Code	
		STGERMAIN.PETER@G		
		E-mail address: (t	o be used for future annual report notific	ation)
For further	r information co	oncerning this matter, please ca	ıll:	
PETER K ST. GERMAIN			859 444-7402	
	Name of	Person	at () Area Code Daytime T	elephone Number
Enclosed is	s a check for th	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:

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

SMOOTHIE SAGE 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 3/26/2018 and assigned Florida document number ____L18000076738 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ST SAGE SPILC The new name must be distinguishable and contain the words "Limited 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) 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: Name of New Registered Agent: 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMGR	SHIRLEY A. ST. GERMAIN	869 SOUTH HEATWOOD DR	a Add
		MARCO ISLAND FL 34145	Remove
			Change
MGR	SHIRLEY A. ST. GERMAIN	869 SOUTH HEATHWOOD DR	Add
		MARCO ISLAND FL 34145	□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
		***	Remove
			☐ Change

	yed effective date, but		at 12:01 a.m. on the earlier of:
E. Effective date, if other than (If an effective date is listed, the date <u>Note</u> : If the date inserted in th document's effective date on the	must be specific and cannot be p is block does not meet the ap	plicable statutory filing requ	(optional) an 90 days after filing.) Pursuant to 605.0207 (3 airements, this date will not be listed as the
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Typed or printed name of signee

Filing Fee: \$25.00