

L190000155107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

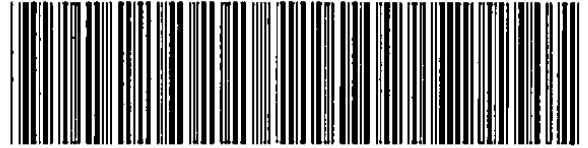
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 16 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAGECORP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VENKATA G KONDAPURAM

Name of Person

SAGECORP LLC

Firm/Company

601 SE 5TH CT APT 304

Address

FT LAUDERDALE FL 33301

City/State and Zip Code

GIRIK@SAPGK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VENKATA G KONDAPURAM

305

5461934

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

Page 1 of 3

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|--|---|
| MGR | VENKATA G KONDAPURAM | 601 SE 5TH CT APT 304, FT LAUDERDALE FL 33301 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9/3/2019

[Signature]
Member of authorized representative of

Signature of a member or authorized representative of a member

VENKATA G KONDAPURAM

Typed or printed name of signee