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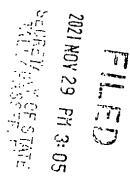
(Requestor's Name)	
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(Document Number)	
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Y. SCOTT DEC 1 2 2021

COVER LETTER

TO: Registration Se Division of Cor			
	ENTERPRISE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		2021 NOV 29
	RODRIGO FRAGAS		0y 29
		Name of Person	
	SAGARF ENTERPRISE I	LLC	PH 3: 05
	<u> </u>	Firm/Company	FLE 05
	3519 W ATLANTIC BLV	TD - APT 1219	17.
	_	Address	
	POMPANO BEACH FL	33069	
		City/State and Zip Code	
	rodrigo_fragas@hotmail.co	m	
	E-mail address: (to be used for future annual report not	itication)
For further information of	concerning this matter, please c	all:	
RODRIGO FRAGAS		-1 9545487728	8
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration : Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee.			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our recor (A Florida Linned Liability Company)	'ds.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{09/05/2019}{\text{Elorida document number}}$	and assigned
This amendment is submitted to amend the following:	2021 NOV 25
A. If amending name, enter the new name of the limited liability company here:	一一一一一
SAGARE DIVING SERVICES LLC	N 1
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	OF S
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
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, <u>ente</u> agent and/or the new registered office address here:	r the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street addre	CXX

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			2021 Remove
			NOV 20 Change 1. Add 3: 05 BRemove
			☐ ☐ Remove
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ocument's effective date on the Depa	iriment of State :	s records.					
record specifies a delayed effective of is filed.	ate, but not an el	ffective time	r. at 12:01 a.m	on the earlier	ot: (h) The 90	ith day at	ter the
NOVEMBER 21ST	20	21					
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Typed or printed name of signee