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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y. SCOTT

DEC 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAGARF ENTERPRISE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

RODRIGO FRAGAS

Name of Person

SAGARF ENTERPRISE LLC

Firm/Company

3519 W ATLANTIC BLVD - APT 1219

Address

POMPANO BEACH FL - 33069

City/State and Zip Code

rodrigo_fragas@hotmail.com

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

For further information concerning this matter, please call:

RODRIGO FRAGAS

-1

9545487728

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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TULLY HASSELL

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SACKETT COUNTY STATE
TOLSON RASSETT PL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated NOVEMBER 21ST 2021

Rodrigo Frigas
Signature of a member or authorized

Signature of a member or authorized representative of a member

RODRIGO FRAGAS

Typed or printed name of signee