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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Sect Division of Corpo			
SHRIF	CT. SUSE	Home Inas	ited Liability Company	` ,
30131	.c.r. <u> /</u>	Name of Lim	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Jessica	7. Rojas Name of Person	
			Firm/Company	
		10037 S	W 14th Street	·
		Miami,	FL 33144 City/State and Zip Code	
		E-mail address: (o Jas 1130 e gma to be used for future annual report notific	eation)
For fun	ther information con	cerning this matter, please ca	all:	
	essica 2 Name of F	Rojas Person	at (3%) 298 Area Code Daytime	Telephone Number
Enclose	ed is a check for the	following amount:		
√ 2 \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Con (A Florida Limite	J-+ Ments	LL- C
(A Florida Limited (A Florida Limited)	ed Liability Company)	114/2019
ne Articles of Organization for this Limited Liability Compa	ar i Ma	12017
	ny were filed on	and assigned
orida document number 119000260919		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ahility campany here:	
		
Sage Design and Co. ne new name must be distinguishable and contain the words "Limited Lie	ability Company " the design	ration "IIC" or the abbreviation "IIC"
nter new principal offices address, if applicable:	NA	
Principal office address MUST BE A STREET ADDRESS)		(78 NO)
		<u> </u>
nter new mailing address, if applicable:	NA	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		——————————————————————————————————————
		ယ
. If amending the registered agent and/or registered offic	ce address on our recor	ds, enter the name of the new registe
gent and/or the new registered office address here:		
. 11 4-		
Name of New Registered Agent:		
New Registered Office Address: N .A		
	Enter Florida s	treet address
		, Florida Zip Code
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Age	nt:	
hereby accept the appointment as registered agent and a	•	
ovisions of all statutes relative to the proper and comple	ete 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.

NA

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
	NA.		□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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fecti	ve date, if other than the date of filing: (optional)
an en ote:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
recor is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	November 12 . 2020.
•	November 12. 2020. Signature of a member or authorized representative of a member Jessica F. Rojas Typed or printed name of signate
	y suggrature of a member of authorized representative of a member