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45/20/20

COVER LETTER

	ation Section n of Corporations	
SUBJECT:	SAG Contracting LLC Name of Limited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Taylor McDuffie Name of Person	
	Firm/Company	
	1317 Edgewater Drive sute 871	
	Orlando, Fluricla 32804 City/State and Zip Code taylormcduffie 18 @amail.com Jenual address: (to be used for fining among report positive tion)	
For further infor	nation concerning this matter, please call:	
Toylor	McDiffu at (800) 273-4025 Name of Person Daytime Telephone Number	
Enclosed is a che	rk for the following amount:	
Section 1911	Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 ping Fee	-
	Address: Street Address:	
	ation Section Registration Section n of Corporations Division of Corporations	
	n of Corporations Division of Corporations ox 6327 The Centre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companies) (A Florida Limited	Dany as it now appears on oud the Liability Company)	r_records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L_2 00001380+0</u> .	by were filed on $\frac{5/16}{2}$	9/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lize SAG GLOW Services. The new name must be distinguishable and contain the words "Limited Liae Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ability Company," the designati	ion "L.I.C" or the abbreviation "L.I.e.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
· 	-	, Florida Zip Code
	City	Zip Code

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.

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
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Note: If the o	te, if other than the da late is listed, the date most be date inserted in this block (ffective date on the Depa	does not m	eet the applic	able statutory	or more than 90 da filing requirement	(optional) ys after filing.) F nts, this date w	Pursuant to ill not be	605.0207 listed as t
f the record speci ecord is filed.	ifies a delayed effective d	ate, but not	an effective t	ime, at 12:01 a	.m. on the earlie	r of: (b) The	90th day i	after the
	une 15th		21220					

Filing Fee: \$25.00