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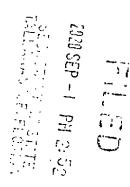
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Division of 0	n Section Corporations		
SAGES SUBJECT:	EN LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sul spondence concerning this matter		
ricuse return an corre	spondence concerning this matter	to the following:	
	Klara Fishman-Sitbon, Es	q.	
		Name of Person	
	Law Offices of Fishman-S	Sitbon, P.A.	
		Firm/Company	
	80 SW 8th Street, FL 20		
		Address	
	Miami, FL 33130		
	kfishman@fsplegal.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information	a concerning this matter, please c	all:	
Klara Fishman-Sitbon		305 423-7077 at ()	
Nam	e of Person		e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SAGESEN LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our recor Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Co	ompany were filed on August 03, 2020	and assigned
florida document number 1.20000232170		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LL	C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	1	, ,
3. If amending the registered agent and/or registered	office address on our records, enter	r the name of the new register
gent and/or the new registered office address here:		S
N 60 6		7 7
Name of New Registered Agent:		
New Registered Office Address:		2 in
	Enter Florida street addre	W 11 D D
		lorida 🧢 🖂
	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 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
MGR	Fatma Gul Sagesen	485 Brickell Ave. #1904	■Add
		Miami, FL 33131	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
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			□Change

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an effec lote: If	e date, if other than the date of filing:
record : is filed	
	27 August 2020
	27 August 2020 Signature of a member or authorized representative of a member