## K21000035449

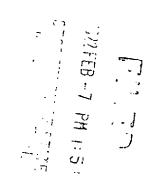
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## **COVER LETTER**

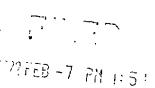
TO: **Registration Section Division of Corporations** 

SUBJECT:	Vladimir G	onzalez SBA LLC						
		Name of Lim	ited Liability Company					
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please return	all correspo	ndence concerning this matter	to the following:					
		Vladimir Gonzalez						
			Name of Person					
		Saggio Capital LLC						
		Firm/Company						
		801 International Pkwy Sto	2 500					
			Address	· · · · · · · · · · · · · · · · · · ·				
		Lake Mary, FL 32746						
			City/State and Zip Code					
		vladimir@saggiocapital.com						
e. e a i i	e e		to be used for future annual report no	otification)				
ror iurther ir	niormation co	oncerning this matter, please ca	aut:					
Vladimir Go	onzalez		407 452-7313 at ( )					
	Name of	Person		me Telephone Number				
Enclosed is a	check for th	e following amount:						
<b>■ \$</b> 25.00 F	iling 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 enclose				

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



Vladimir Gonzalez SBA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L21000025448</u> This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
Saggio Capital LLC		
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	301 International Pkwy Ste 500	
(Principal office address MUST BE A STREET ADDRESS)	ake Mary, FL 32746	
Enter new mailing address, if applicable:	301 International Pkwy Ste 500	
——————————————————————————————————————	ake Mary, FL 32746	
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	ress on our records, <u>enter the name of the new</u>	registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Florida	
-	Cuy Zip Code	

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
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			□Remove
			Change
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an effective	date is listed, the	date must be spee n this block doe	ific and canno	ot be prior to o	date of filing of	or more than 9	0 days after fi	ling.) Pursuant to	605,0207
cument's	effective date of	on the Departme	nt of State's	records.	c statutory i	ming require	ments, this t	ate will not be	iisicu as i
record spec	rifies a delayed	effective date, b	out not an ef	Fective time	, at 12:01 a,	m, on the ea	rlier of: (b)	The 90th day	after the
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		Signatur	e of a membe	er or authoriz	ed representa	tive of a mem	ber	·	-
					1 1				
•	/ladimir Gonza	1			\ 1				