## 42100005445)

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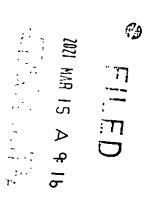
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04/30/21 S.C.



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## **COVER LETTER**

Division of Corp	oorations		
subject: <u>Sage</u>	+Onyx Design	CO., LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Margareth (	2. Nahmens Name of Person	
	Sage + One	yx Design Co. Firm/Company	<del></del>
	3650 Dyer Bl	ud Ste 198 Address	
	<u>Lissimmee</u>	FU 34741 City/State and Zip Code	
	E-mail address: (1	ns 92 camail. com	fication)
For further information co	oncerning this matter, please ca	all:	
Margareth C. Name of	Nahmens Person		e Telephone Number
Enclosed is a check for the	e 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)

TO:

Registration Section

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

Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company lorida document number <u>L21.000054451</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1200 Pacifica Drive
(Principal office address MUST BE A STREET ADDRESS)	apt 109 Lissimmee, FL 34744
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registere
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
N. D. Carrell A. and Cimpton if shouning Degistered Agents	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I fürther affect to comply with the performance of my duties, and I amfamiliar with and provided for in Chapter 605, F.S. OP, if this document is address, I hereby confirm that the fimited liability
If Cha	nging 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
AMBR	Margareth C. Wahmens	2851 Polyadero Lane Unit 107	□Add
	·	Orlando, FL 32835	□Remove
		<del></del>	MChange
AMBR	Madeleine C. Santos	1200 Pacifica Drive apt 100	1_ □Add
		1200 Pacifica Drive apt 100 Kissimmee, FL 34744	□Remove
			twChange
<del></del>			□Add
			□Remove
			Change O
			Add Tj
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			□Add
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			□Change

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier cord is filed.				
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100 A	: f: (b) T	he 90th	day after	· the
Dated March 9, 2021				
m.				
Signature of a thember for authorized representative of a member				