

L21000223778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

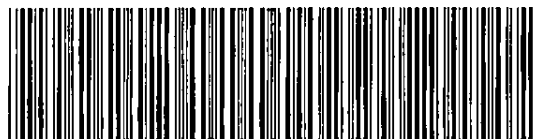
(Business Entity Name)

(Document Number)

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SEP 17 2024 12:42 PM

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2024 SEP 17 PM 12:42
SEP 17 2024
TATF

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sage Brain Academy, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ginny Bullard

Name of Person

Sage Brain Academy, LLC

Firm/Company

45 Saragossa St

Address

Saint Augustine, FL 32084

City/State and Zip Code

sagebrainacademy@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ginny Bullard

904 377-0198
at () _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Sage Brain Academy, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/13/2021 and assigned
Florida document number L21000223778.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Ginny Bullard
45 Saragossa St
Saint Augustine, FL 32084

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SEP 17 2024
TAMPA, FL
CLERK OF COURT

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Ginny Bullard

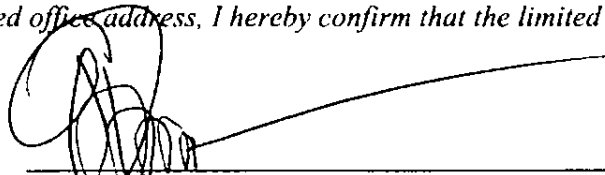
New Registered Office Address: 45 Saragossa St

Enter Florida street address

Saint Augustine, Florida 32084
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>	<u>Address</u>	<u>Type of Action</u>
MGR	James Barber	60 Hannah Cole Dr	<input type="checkbox"/> Add
		Saint Augustine Fl 32080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Ginny Bullard	45 Saragossa St.	<input checked="" type="checkbox"/> Add
		Saint Augustine, Fl 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Michelle Sanchez	105 N. Churchill Dr	<input checked="" type="checkbox"/> Add
		Saint Augustine, Fl 32086	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(If an effective 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 (3)(b)

Dated 29/11/22

9/10, 24

 Signature of a member or authorized representative

Typed or printed name of signee