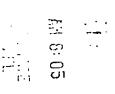
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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2021 AUG -4 AM 10: 01

DIVISION OF CONFORMTIONS
TALLAHASSEE, FLORIDA

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 8/3/21	- **!V/	1 <i>LK IN**</i>
ENTITY NAME_SA Dur	nedin, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
	Plain Copy Certificate of Stotas	
	Certificate of Status	
;	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	
	Cartified Copy of Arts & Amendments	
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)	
	Certificate of Status	
	Certificate of Status Reflecting:	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATI	ONES REQUESTED	
TOTAL OWED \$\\$5[ACCOUNT # 120140000108 United Corporate Services, Inc.	pad
Please call Ting at the	above number for any issues or concerns. Thank you so much!	

COVER LETTER

TO: Registration S Division of Co			
SA Duned			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
Please return all corresp	ondence concerning this matter	to the following:	
	Brandon Tones		
		Name of Person	
	Sagamore Holdings, LLC		
		Firm/Company	
	300 Court Street		
		Address	
	Clearwater, PL 33756		
		City/State and Zip Code	
	brandon@sagamore holdin	gs.com to be used for future annual report to	
			ottication)
For further information (toncerning this matter, please c		
Brandon Tones		585 944-8284 at ()	
Name (of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fec	☐ \$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 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mpany as it now appears on- ted Liability Company)	our records.)		
any were filed on August	3, 2021	_ and assigned	
iability company here:			
ability Company," the designs	ition "LLC" or the abbre	viation "L.L.C."	_
		,	_
<u></u>			-
			-
			- 1
	-		
		96	_
ce address on our record	is, <u>enter the name o</u>	f the new registe	<u>ared</u>
			••
Enter Florida str	cet address		-
	vii		
City	elorida;	Zip Code	-
	ability company here: ability Company," the designs	ability Company," the designation "LLC" or the abbre ability Company," the designation "LLC" or the abbre above address on our records, enter the name of the first Florida sirces address.	and assigned ability company here: ability Company," the designation "LLC" or the abbreviation "L.L.C." ce address on our records, enter the name of the new register. Enter Florida sirest address. Florida

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>	Name	Address	Type of Action
			DAdd
			ПRemove
			□Change
<u>.</u>			□Add
			ElRemove
			🖺 Change
			DAdd
			LIRemove
			□ Change
			□Add
			∐Remove
			☐ Change
·			LJAdd
			[.]Remove
			ElChange
			□Add
			□Remove
			_ □Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	 ·
	<u> </u>
	<u> </u>
	<u></u>
optional)	
(optional) (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	1 Phrsuant to 605.0497
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The ecord is tiled.	ne 90th day after the
Dated August 3	
Dated	
Signature of a member or authorized representative of a member	
Signature of a measure of amendation representation	
Brandon Tones	
Typed or printed name of signee	