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COVER LETTER

	Registration Se Division of Cor			
ern rez	SAGU GR	OUPLLC		
NUBJEC	1:	Name of Lim	ited Liability Company	<u></u>
The end	osed Articles of	Amendment and fee(s) are sub	emuted for filing	
		ondence concerning this matter		
	·	· ·	·	
		SERGIO A. GIL URREG		
			Name of Person	
		SAGU GROUP LLC		
			Firm/Company	
		8715 TIERRA VISTA CII	₹	
			Addres:	-
		KISSIMMEE FLORIDA .		
			City/State and 2 ip Code	
		presidencial@amye.com.co	to be used for future annual report notifi	
For furth	er information c	oncerning this matter, please c		(° ())
	va CH IBDDEC	:0	57 210 515 2024	5
	Name o	f Person	at () Daytime	T. c., shone Number
Enclosed	is a check for th	ne following amount:		
≅ \$25	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ 855,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	4 : .
	Registration 5 Division of C		Registration Sec Division of Corp	
	P.O. Box 632	.7	The Centre of Ta	alle cassee
	Tallahassee, 1	FL 32314	2415 N. Monroe	est ret, Suite 810

Tallahassee, FL 32-93

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 HAY 13 AM 8: 43

SAGU GROUP LLC		<u> </u>
(Name of the Limited Liability (A Florida	Company as it now appears on o records. Imited Liability Company)	NEL TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/17/2° /	and assigned
Florica document number <u>L22000001226</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
SAGU COMPANY LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design sign "LLC"	or the abbreviation "L.L.C."
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 BON)		·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recors: enter t	he name of the new registered
agenciancon the new registered white address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s. 🦿 address	
	. Flo	rida
	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 capae ω . I further agree to comply with the provisions of all statutes relative to the proper and complete performance of $m_{V,v}$ (ies, and I am familiar with and accept the obligations of m_{V} position as registered agent as provided for in Chap $t_{V,v}$ 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby convert 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, a <u>y</u> 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
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