L220000 99257

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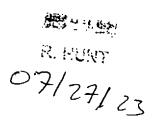
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COVER LETTER

TO:

TO: Registration Se Division of Cor									
Sage Sky C	Consulting, LLC								
SUBJECT:	Name of Lim	ited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.							
Please return all correspo	ondence concerning this matter	to the following:							
	Lucas McArdle								
		Name of Person							
	McArdle Law & Associate	es, PLLC							
		Firm/Company							
280 Merrimack Street, Suite 311									
		Address							
	Lawrence, MA 01843		7.7						
		City/State and Zip Code	TOT STATES OF ST	<u> </u>					
	Luke@McArdleLaw.com		HI2						
For further information c	e-mail address: (to be used for future annual report noti all:	FEE : 0	-					
Lucas McArdie		978 681-5150 at ()_							
Name o	f Person		e Telephone Number						
Enclosed is a check for th	ne following amount:								
■ \$25,00 Filing Fee	is a check for the following amount: 00 Filing Fee								
Mailing Addres Registration 5	Section	Street Address: Registration Sec							
Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee							
Tallahassee, l		2415 N. Monroe Street, Suite 810							

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sage Sky Consulting, LLC (Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appear Liability Company)	s on our records.)
The Articles of Organization for this Limited I Florida document number <u>L22000099257</u>	Liability Company	were filed on $\frac{02}{}$	24/2022 and assign
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company be	ere:
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the d	esignation "L.L.C" or the abbreviation "L.L.C
Enter new principal offices address, if appli	icable:	776 Reef Road V	Vero Beach, FL 32963
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		280 Merrimack	Street, Suite 311, 1 wrence MA 0 1843
Mailing address MAY BE A POST OFFICE		ATE OI	
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:	***		ecords, <u>enter the name of the new r</u>
New Registered Office Address:	776 Reef Road		
New Negistered Office Address.	·····	Enter Flor	ida street address
	Vero Beach		, Florida ³²⁹⁶³
		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, <u>enter the title, name, and address of each person_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Chelsee V Saunders	349 RIVERWAY DRIVEVERO BEACH, FL 32963	□Add
			≡ Remove
			🖸 Change
MGR	Marc G. Hordon	776 Reef Road Vero Beach, FL 32963	= Add
			□Remove
			□Change
			🗆 Add
			Remove
		SSEE, FL	□ Change □ Add
		02 ————————————————————————————————————	□Remove
			□Change
			□Add
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an effective d	late is listed, th	e date must b	e specific a	nd cannot					days af	ter filing.)		
	date inserted ffective date					ible statu	tory filin	g require	ments, t	his date v	zill not l	he listed a
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l is filed.	ries a delaye	d checure (anc. our n	or an en	cente in	116, 41 12	.01 a.m.	m the ca	ner or.	(o) The	20111 Ga	iy arter the
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Typed or printed name of signee