## 000270869

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## DocuSign Envelope ID: FDB3FF9E-B876-4670-A33B-FB214C07EFC2 COVER LETTER

TO:

	istration Se ision of Cor				
cub il eg.	Sage Media And Communications, LLC				
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Nicholas Fugate			
			Name of Person		
		Nicholas D. Fugate, P.A.			
			Firm/Company		
		P.O. Box 7548			
			Address		
	Tallahassee, Florida 32314				
			City/State and Zip Code		
		ndfugate@nicholasdfugater			
		E-mail address: (	to be used for future annual report not	ification)	
For further in	iformation c	oncerning this matter, please c	all:		
Nicholas Fug	gate		850 792-5290 at ( )		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling 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)	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monro	be Street, Suite 810		

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 GCT - 7 PH 12: 56

Sage Media and Communications, 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  $\frac{06/14/2022}{---}$ \_\_\_\_\_ and assigned Florida document number L22000270869 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Florida Standard, LLC 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) 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: New Registered Office Address: Enter Florida street address 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

DocuSign Envelope ID: FDB3FF9E-8876-4670-A33B-FB214C07EFC2 rr amending Admorized rerson(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
			□ Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
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Note: H	date, if other than the date of filing:  (optional)  ive date is fisted, 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)( the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
the record : ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	/7/2022
	Decursioned by  ULL Wiff  25 N. 1027-10566-475
	Signature of a member or authorized representative of a member
	Will Witt
	Typed or printed name of signee

Filing Fee: \$25.00