## L23000068402

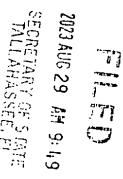
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## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Sagon F Name of Lin	NOM MY (VIE)	LLC *	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michelle	M. Garcia Name of Person		
		YOM MY CVID L	1/c	
		Charlene St.		
	Ponta	Gorda F1. City/State and Zip Code	3395	
	Sazon. Fu	ICOGWG//·COM  (to be used for future annual report nout	ication)	
For further information c	oncerning this matter, please o	all·	ဟ္	2023
MiChelie M Name o	· Garriq f Person	at (941) 585 Area Code Daytime	Telephone Number 7	
Enclosed is a check for the	ne following amount:			64 6 4
E \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate of Certified Cop (additional copy)	Fee. Status & y

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

The Articles of Organization for this Limited Liability Company were filed on <u>Februry 87, 203</u> and assigned Florida document number L23060068402 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) of the new registered B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here: φ Name of New Registered Agent: New Registered Office 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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