

(((H23000213973 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KURKIN FOREHAND BRANDES, LLP.

Account Number : I20090000016 Phone : (850)391-5060 : (850)391-2645

Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAG COCOA LLC

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Kurkin Forehand Brandes

From: -Kurkin Forehand Brandes -

(((1123000213973 3))) COVER LETTER

	strution Section ion of Corporations	
SUBĴECT:	SAG Cocoa LLC	
SUBJECT: _		d Liability Company
The enclosed /	Articles of Amendment and fee(s) are submi	tted for filing.
Please return a	Il correspondence concerning this matter to	the following:
	Alex Kurkin, Esq.	
	**************************************	Name of Person
	Kurkin Forehand Brandes LL	P
	4	Firm/Company
	18851 NE 29th Avenue, Suite	303
		Address
	Aventura, FL 33180	
		City/State and Zip Code
	akwkin@kfb-law.com	e used for future annual report notification)
For further info	rnation concerning this matter, please call:	e used for future minutal report motifications
Alex Kurkin		305 929-8500
	Name of Person	at () Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:	
■ \$ 25.00 Filii	ng Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi P.O. E	e Address: tration Section ion of Corporations Box 6327 massec, 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 (((H23000213973 3))) TO ARTICLES OF ORGANIZATION OF

SAG Cocoa, LLC		
(Name of the Limited Liability Compa (A Florida Limited 1	ny as it now appears on our records.) .tability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000239402	were filed on Muy 15, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	llty company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		,
		3-4-4-
Enter new mailing address, if applicable:	***************************************	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		name of the new registere
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enier Florida street address Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		<u>~</u> ω

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, enter the title, name, and address of each person being added or removed from our records: (((H23000213973 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Karmela M. Sutton	21315 Central Avenue	
		Matteson, FL 60443	■Remove
			☐ Change
MGR	Karmala M. Sutton	21315 Central Avenue	≅Add
		Matteson, IL 60443	CRemove
			□Change
			□Add
			□Remove
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Effective date, if other than If an effective date is listed, the dat Note: If the date inscreed in the document's effective date on t	e must be specific and cannot its block does not meet th	ie applicable stat	filling or more than utory filling requir	(optional) 90 days after filing.) Perments, this date wi	ursuant to 605.0207 Il not be listed as
n record specifies a delayed eff rd is filed.	ective date, but not an ef	fective time, at 1	2:01 a.m. on the e.	arlier of: (b) The 9	Oth day after the
June 14 Dated	202	!3			
		Samo	5		
***************************************	Signature of a member	t or outhorized top	reservative of a met	nber	

Typed or printed name of signee