L23000338140

(Requ	uestor's Name)		
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JAN 06 S. PRATHER

COVER LETTER

TO: Registration Se Division of Cor						
SAGOL LI	_C					
SUBJECT:	SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing				
	ondence concerning this matter	-				
	Monique Troncone					
	Name of Person					
	Monique Troncone CPA PA					
	Firm/Company					
	55 NE 5TH AVE STE 501					
		Address				
	Boca Raion, FL 33432					
		City/State and Zip Code				
	info@troncone-cpa.com	to be used for future annual report noti	tication)			
For further information e	oncerning this matter, please ca	•				
Monique Troncone		561 4170308				
Name of Person		at () Area Code Daytim	Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing 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 Addres		Street Address: Registration Se	ction			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0.001110		r	1924
SAGOL LLC			 =
(Name of the Limited Liabil) (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)	
		·	í di
The Articles of Organization for this Limited Liability (Company were filed on $\frac{07/17/2023}{}$	2	nnd assigned
lorida document number L23000338140			<u></u>
			رد.
This amendment is submitted to amend the following:			۱۵.
A. If amending name, enter the new name of the lim	aited lighility company hores		
v. If amending name, enter the new traine of the fin	med hability company here.		
he new name must be distinguishable and contain the words "Lir	nited Liability Company," the designatio	n "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADD</u>	RESS)		
Enter new mailing address, if applicable:		_	
Mailing address MAY BE A POST OFFICE BOX)			
		_	
B. If amending the registered agent and/or registere	ad affice address on our records	onter the name of t	ho nou: rogic
gent and/or the new registered agent and/or registere		enter the name of t	ne new regis
and and the new registered office address fiere.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	addross	
	Enter F tortala street	atua cyy	
		, Florida	
	City	Zij	o 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 amending Authorized Person(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>	<u>Address</u>	Type of Action
AMBR	Enrique Katz Wons	20225 NE 34th CT Apt 417	= Add
		Aventura, FL 33180	□Remove
			□Change
AMBR Lily Katz	Lily Katz	20225 NE 34th CT Apt 417	≣Add
	Aventura, FL 33180	□Remove	
		Change	
		□Add	
		□Remove	
	·		
		□Add	
		□Remove	
	·		
		□Remove	
		□Change	
		□Add	
		□ Remove	
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, of 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. November 21st 202X Signature of a member or authorized representative of a member Monique Troncone Typed or printed name of signee

Em E caso