

L23000338140

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

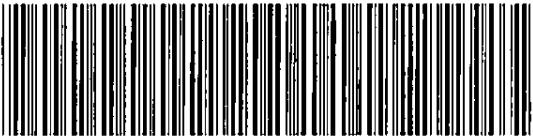
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2024 JAN 06 PM 6:15  
S. PRATHER

JAN 06  
S. PRATHER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAGOL LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monique Troncone  
\_\_\_\_\_  
Name of Person  
  
Monique Troncone CPA P.A.  
\_\_\_\_\_  
Firm/Company  
  
55 NE 5TH AVE STE 501  
\_\_\_\_\_  
Address  
  
Boca Raton, FL 33432  
\_\_\_\_\_  
City/State and Zip Code  
  
info@troncone-cpa.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monique Troncone                      561                      4170308  
\_\_\_\_\_  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

2024-10-26 10:15  
ALL | and assigned

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Enrique Katz Wons	20225 NE 34th CT Apt 417	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lily Katz	20225 NE 34th CT Apt 417	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2024

Monique Troncone

Typed or printed name of signee

2024.06.26 11:06:43