28/6/24, 12:05 p.m   Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000197052

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

```
To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : MARTIN ACCOUNTING & TAX SERVICE, INC
        Account Number  : I20060000012
        Phone           : (305)826-5886
        Fax Number      : (305)722-0535
```

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SAGS US LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

M. SOLOMON

JUN 2 8 2024

Electronic Filing Menu   Corporate Filing Menu   Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SAGS US 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 _____04/26/2024_____ and assigned

Florida document number _____L24000197052_____ .

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) _____

_____

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

_____, Florida _____

City   *Zip 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR =   Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	ACOSTA, SERGIO	101 NE 3RD AVE SUITE 1554	☐ Add
		FORT LAUDERDALE, FL 33301	■ Remove
			☐ Change
MGR	DE LA ROSA, SANDY	16479 SW 29TH ST	■ Add
		MIRAMAR, FL 33027	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

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SECRETARY OF STATE
TALLASSEE FLORIDA

2024 JUN 28 PM 1: 49

FILED

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)
<u>Note:</u> 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, at 12:01 a.m. on the earlier of: (b)   The 90th day after the record is filed.

Dated _____JUNE 11_____2024_____

X _____
Signature of a member or authorized representative of a member

SANDY DE LA ROSA
_____
Typed or printed name of signee