

L95000000686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

APR 26 2013
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Sagemont School, L.C.
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:

Mercedes E. Fortich-Lutz
Name of Person
The Sagemont School
Firm/Company
2585 Glades Circle
Address
Weston, FL 33327
City/State and Zip Code
mlutz@sagemont.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mercedes Fortich-Lutz at (954) 389-2454 ext. 303
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2016 APR 25 PM 5:07
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Sagemont School, L.C.

(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 September 7, 1995 and assigned Florida document number L95000000686.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TN Omegas Lower, LLC

The new name must be distinguishable and end with 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)

3500 Gateway Drive
Suite #201
Pompano Beach, FL 33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3500 Gateway Drive
Suite #201
Pompano Beach, FL 33069

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

2018 APR 25 PM 5:17
Filing Date
Filing Time
Filing Office
Filing Fee
Filing Status
Filing Type
Filing Method
Filing Agent
Filing Agent's Signature
Filing Agent's Title
Filing Agent's Address
Filing Agent's City
Filing Agent's State
Filing Agent's 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 608, 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

MGR = Manager
MGRM = Managing Member

☐ Add
☒ Remove
☐ Add

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

Dated April 19, 2013



Signature of a member or authorized representative of a member

Brent Goldman - Member / Manager

Typed or printed name of signee

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Filing Fee: \$25.00

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HALL COUNTY FLORIDA