

L99000003745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

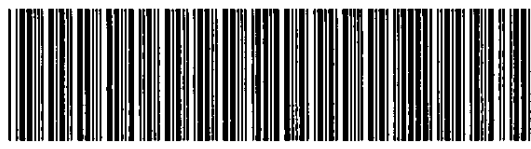
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400247076854

04/25/13--01003--002 **30.00

FILED
2018 APR 25 PM 5:07
CLERK OF SUPERIOR COURT
TALLAHASSEE FLORIDA

APR 26 2013
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Sagemont Upper School, 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:

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 E. 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

DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

2018 APR 25 PM 5:07

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

The Sagemont Upper School, 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 June 25, 1999 and assigned Florida document number L99000003745.

This amendment is submitted to amend the following:

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

TN Omegas Upper, 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

2013 APR 2 4 51 PM
FLORIDA SECRETARY OF STATE

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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

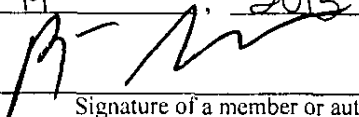
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 2019 APR 05 PM 5:07
 TALLAHASSEE FLORIDA

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

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 APR 25 PM 5:07
TALLAHASSEE FLORIDA