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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SAGEWOOD, IN	C	
	BER: P15000053218		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	LUCIANO M. DEMELLO		
		Name of Contact Person	n
	SAGEWOOD, INC		
		Firm/ Company	
	7610 NE 4TH CT, #11		
		Address	
	MIAMI FL 33138		
		City/ State and Zip Cod	e
mall	o@sagewoodconstruction.com		
	•	sed for future annual report	motification)
	E-man address. (to be d	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
LUCIANO M. DEMELLO		at (902-5417
Name of Contact Person Area Code & Daytime Telephon		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations		Amend Division	Address Iment Section on of Corporations Building
P.O. Box 6327 Tallahassec, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

→ a gewood =	INC			
(Name o	of Corporation as currently	filed with the Florida Dept. of Sta	<u>ite</u>)	·
P15000053218)			
		Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the	e following amend	iment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A			The	h <i>a</i> wi
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "(Co". A professional corporation na	or the abbrevia	tion
B. Enter new principal office address, (Principal office address MUST BE A ST		N/A		_
	<u></u>			_
C. Enter new mailing address, if applia (Mailing address MAY BE A POST (N/4	16 SIP 2	2) a 3/12/2 kg, 25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
				Tentral (Charles
D. If amending the registered agent an new registered agent and/or the new				(4) Property
Name of New Registered Agent	Luciano M.	DeMello		I
	7610 NE 4	the CONA, #11		
	(Florida stre	eet address)		
New Registered Office Address:	Miomi	, Florid	a 33138 (Zip Code)	·
	•	(City)	(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agent; ered agent. I gm Jamiliar w	vith and accept the obligations of the	position.	
	Jana du	Jul		
/	Signature of New R	egistered Agent, if changing		
	, , , ,			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>\</u>	Douglas A. Ferrarini	7610 NE 4th Cour
X Add			#11
Remove			Midmi FL 33138
2) Change			
Add			
Remove			
3) Change	 · 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		-
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)			
NIA				
			-	
			<u> </u>	
				
	·····			
			- 	
				
		<u></u>	<u> </u>	
		<u> </u>		
				
f an amendment provides for an exch				,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in	<u>the amendme</u>	<u>nt itself:</u>	
15	e consocution	Jre	nword	in the
711 Shares of the	trace'			
Diowing prizen	2 2 2 2			
Douglas A. Ferrar	ini 60%			
ucidno M. DeMe	110 40%			

The date of each amendment(s) adoption:	06/17/2015	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S	t meet the applicable statutory filing requirements, tate's records.	this date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The number of votes cast for the amend proval.	iment(s)
	shareholders through voting groups. The following group entitled to vote separately on the amendment(
	Iment(s) was/were sufficient for approval	
by	17	
(votin	ng group)	
☐ The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action and sha	reholder
The amendment(s) was/were adopted by the ir action was not required.	ncorporators without shareholder action and shareho	lder
David 9/23/201	باره	
Dated 9/23/20/	022	
Signature	hend	
(By a director, presid	lent or other officer - if directors or officers have no	
selected, by an incor appointed fiduciary	porator – if in the hands of a receiver, trustee, or oth	er court
• • • • • • • • • • • • • • • • • • • •	•	
Luciano Mo	rielo De Mello	
(7)	Typed or printed name of person signing)	
	President	
	(Title of person signing)	