

L23000492206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

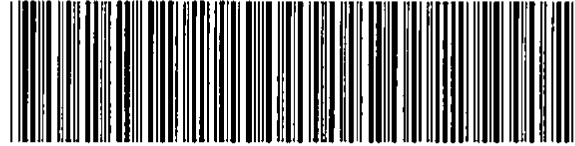
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789,524,071

Office Use Only



200418529202

11/07/23--01031--311 **55.00

KH
11/15/23

SEC. OF STATE
TALLAHASSEE, FL
2023 NOV -7 PM 12:59

PAID

COVER LETTER

TO: Registration Section
Division of Corporations

2304 Sawyers 1397, LLC

SUBJECT: _____
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:

Brian McNamara

Name of Person

McNamara Legal Services, P.A.

Firm/Company

5425 Park Central Court

Address

Naples, FL 34109

City/State and Zip Code

brian@mcnamaralegalservices.com

E-mail address: (to be used for future annual report notification)

FILED
2023 NOV -7 PM 12:59
STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Brian McNamara

239 204-4766

Name of Person at (_____) _____
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 & Certified Copy (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

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

2304 Sawyers 1307, 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 October 27, 2023 and assigned Florida document number L23000492206.

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 "LLC."

Enter new principal offices address, if applicable:

5425 Park Central Court

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34109

Enter new mailing address, if applicable:

5425 Park Central Court

(Mailing address MAY BE A POST OFFICE BOX)

Naples, FL 34109

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:

Brian McNamara

New Registered Office Address:

5425 Park Central Court

Enter Florida street address

Naples

Florida 34109

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

FILED
2023 NOV 17 PM 12:59
STATE OF FLORIDA

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

Title Name Address Type of Action

MGR Maria Palazzolo 1846 Mustique St. Add
Naples FL 34120 Remove
_____ _____ _____ Change

AMBR Maria Palazzolo 1846 Mustique St Add
Naples FL 34120 Remove
_____ _____ _____ Change

_____ _____ _____ Add
_____ _____ _____ Remove
_____ _____ _____ Change

_____ _____ _____ Add
_____ _____ _____ Remove
_____ _____ _____ Change

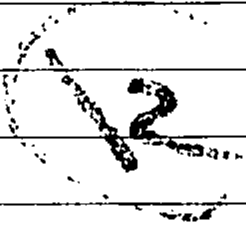
_____ _____ _____ Add
_____ _____ _____ Remove
_____ _____ _____ Change

_____ _____ _____ Add
_____ _____ _____ Remove
_____ _____ _____ Change

RECEIVED
23 NOV - 7 3M 12: 9
STATE
FL

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

Multiple horizontal lines for amending information.



2023 NOV -7 PM 12:59
STATE OF FLORIDA
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 685.0207 (3)(b)

Note: 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 November 28, 2023

[Handwritten Signature]

Signature of a member or authorized representative of a member

Brian McNamara

Typed or printed name of signee

Filing Fee: \$25.00