

L05000084433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

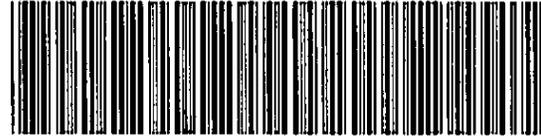
(Business Entity Name)

(Document Number)

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12/10/20
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sawgrass Holdings, 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:

Kenneth Golen

Name of Person

Golen Properties, LLC

Firm/Company

1290 Weston Road, Ste 314

Address

Weston, FL 33326

City/State and Zip Code

Kgolen@aol.com

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

For further information concerning this matter, please call:

Kenneth Golen

954 629-9062
at ()

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 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**

Sawgrass Holdings, 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 08/25/2010 and assigned Florida document number L05000084433.

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:

1290 Weston Road, Ste 314

(Principal office address MUST BE A STREET ADDRESS)

Weston, FL 33326

Enter new mailing address, if applicable:

1290 Weston Road, Ste 314

(Mailing address MAY BE A POST OFFICE BOX)

Weston, FL 33326

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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:

Kenneth Golen

New Registered Office Address:

1290 Weston Road, Ste 314

Enter Florida street address

Weston

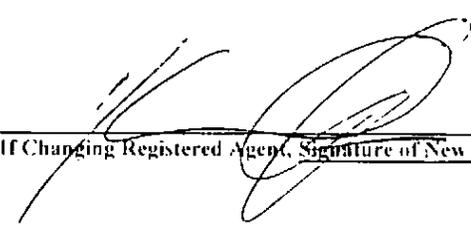
City

Florida 33326

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Selig Golen	2546 Royal Palm Way	<input type="checkbox"/> Add
		Weston, FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kenneth Golen	1290 Weston Road, Ste 314	<input checked="" type="checkbox"/> Add
		Weston, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEM	Sharon Glick	1290 Weston Road, Ste 314	<input checked="" type="checkbox"/> Add
		Weston, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEM	Harold Golen	1290 Weston Road, Ste 314	<input checked="" type="checkbox"/> Add
		Weston, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 REMOVE
 CHANGE
 ADD

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

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: October 13, 2020 (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)

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 October 27 2020

Handwritten signature of Kenneth Golen

Signature of a member or authorized representative of a member

Kenneth Golen

Typed or printed name of signee