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COVER LETTER

Division of Cor			
SUBJECT: <i>540</i>	SAR SWAMP Name of Limi	LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	. 1 . =	4	
	MARK)	ANGELLO TONAME OF Person	
		· · · · · · · · · · · · · · · · · · ·	
		Firm/Company	
		• •	
	371 OAK DR	Address	
		Address	
	FLEMING 1	SLAND FL. 320 City/State and Zip Code SLLUZ @ GMAIL. To be used for future annual report notific	103
	MARKANGS E-mail address: (1	LLUZ @ GMAIL. To be used for future annual report notifi	Contication)
For further information c	oncerning this matter, please ca	all:	
MARK	ANGELLOZ	at (<u>90 4) </u>	- 9/29
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

SUGAR SWA. (Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
	ompany were filed on $09/04/2007$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable:	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	2024 1:0 TALLA:
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 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>	Address	Type of Action
			□ Add
			Remove
			Change
			□Add
			□Remove
		A	□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Add
			Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	TRANSFER ON DEATH OF ALL (BOTH) AUTHORIZED
-	PERSONS TO: TRUST AGREEMENT OF MARK S
	AMBELLOZ AND MARY ANN ANGELLOZ UTD 04/05/2019
	FBO SAME. (Statement)
_	TIDE STIME.
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(if an effe Note:	ve date, if other than the date of filing:
ecord is file	
Dated_	11/13/2024 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	MHIRK S ANGELLOZ Typed or printed name of signee
	i yped or printed name of signee