## L10000093148

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EXAMINER

## **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT	. Sawgrass Beach LLC	
SUBJECT	Name of Limited Liability Company	<u></u>
The enclose	ed Articles of Amendment and fee(s) are submitted for filing.	
Please retu	rn all correspondence concerning this matter to the following:	
	Neil K. Patel  Name of Person	
	Name of Person	
	Sawgrass Beach LLC	
	Firm/Company	·
7800 NW 29th Street		
Address		<del></del>
	Doral, Florida 33122	
	City/State and Zip Code	<del></del>
	neilkpatel@gmail.com	
	E-mail address: (to be used for future annual report notification)	ZBHB NOV
For further	information concerning this matter, please call:	8
	Michell M. Feanny at ( 305 ) 669-3049	
	Name of Person Area Code & Daytime Telephone No	The same of the sa
Enclosed is	a check for the following amount:	
\$25.00	Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.0  Certificate of Status Certified Copy Cer (additional copy is enclosed)	0 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
	MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  STREET/COURIER ADDRES  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle	SS:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited)	Sawgrass Beach LLC Liability Company as it now appears of Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Lia		9/7/2010	and assigned	
Florida document number L10000093				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Company	," the designation "	LLC" or the abbrevia	_ tion
Enter new principal offices address, if applica	able:			_
(Principal office address MUST BE A STREE)	T ADDRESS)			_
			50 00	
			喜欢 麦	Ħ
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE <u>)</u>	<u> </u>	·		4.1
			68.2 5	
B. If amending the registered agent and/oregistered agent and/or the new registered of	r registered office address on ou	r records, <u>enter</u>	the name of the r	<u>new</u>
registered agent and/or the new registered on	nce address here.			
Name of New Registered Agent:	Neil K. Patel			_
New Registered Office Address:	7800 NW 29th Street	<del> </del>		_
	Enter Florida street address			
		, Florida _		_
	City		Zip Code	
New Registered Agent's Signature, if changing R	egistered 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 futies, 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. W/W/N

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 **Title** <u>Name</u> **Address** Type of Action MGRM Kiran Patel 7800 NW 29th Street ☐ Add Doral, Florida 33122 Remove Neil K. Patel MGRM 7800 NW 29th Street ✓ Add Doral, Florida 33122 ☐ Remove □ Add Remove Add Remove 29 13 Ada Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 3 Dated \_\_\_ Signature of a member or authorized representative of a member Neil K. Patel

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00