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(City/State/Zip/Phone #)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
Jasper Saw	yer Company LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter t	to the following:	
	Jasper Sawyer		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	37 N Orange Avenue Suite	Firm/Company	
	Orlando, FL 32801	Address	
	jasper@sawyerglobal.com	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	ill:	
Jasper Sawyer		407 602-7780	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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

Jasper Sawyer Company LLC				
(Name of the Limited   (A	Liability Company Florida Limited Liab	as it now appears on o ality Company)	our records.)	
The Articles of Organization for this Limited Liabi	ility Company we	re filed on		and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	ne limited l <u>iab</u> ilit	y company here:		
Sawyer Global LLC				
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the designa	ition "LLC" or the	abbreviation "L.L.C "
Enter new principal offices address, if applicabl	le: _			
Principal office address MUST BE A STREET A	<u>ADDRESS)</u> _			
	-			
Enter new mailing address, if applicable:	_			
Mailing address MAY BE A POST OFFICE BO	<u>),()</u> _			
	-			
B. If amending the registered agent and/or regingent and/or the new registered office address because		iress on our record	ds, <u>enter the na</u>	me of the new registe
Name of New Registered Agent:				رت رحا
New Registered Office Address:				10, 01
New Registered Villiet Paddress.		Enter Florida st	reet address	1.3
-	<del></del>	City	Florida _	Zin Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	v		्र ्र
I hereby accept the appointment as registered o	avent and avree	to act in this cana	city. I further a	gree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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
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			□Remove
			□Change
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			- Change

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September	22		<b>\(\)</b> 2021				
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Typed or printed name of signee