13000052561

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	,





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2013 SEP -3 AM 8: 32



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Heron Lagoon Studio, 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:	
Rick McCarthy	
Name of Person	
Lanese & Associates CPAs	
Firm/Company	-
107 South Osprey Avenue	
Address	_
Sarasota, Fl 34236	2013 SEP -3
City/State and Zip Code	_ <u> </u>
rmccarthy@lanese-cpa.com	🦾 🖒 ં
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	M 8: 30
Rick McCarthy 941 953-4585	: 32
Name of Person Area Code & Daytime Telephone Numb	ber

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heron Lagoon Studio, LLC (Name of the Limited Liability Compa	ny as it now appears on our records.)	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000052561	were filed on 04/12/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SAORI WEAVER SRQ, LLC		
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	7676 Midnight Pass Road	2013
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, Fl 34242	S S
		,
Enter new mailing address, if applicable:	7676 Midnight Pass Road	AA AA
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FI 34242	単準 の
•		N
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
<u></u>	, Florida _	
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	Ianager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			<u>.</u>
			Add
			Remove
			Add ω Remove
			Add
			Remove

D. If amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
Dated	Kaller Keener
	Signature of a member or authorized representative of a member
	Kathleen Keenan MGRM
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP -3 NM 8: 32