

L13 000089237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

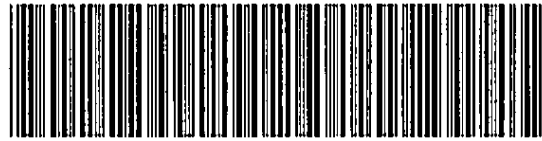
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7/22/22

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2023 MAR 28 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

LLC  
Award.

DC  
3/28/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 6000 Sawgrass 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:

Don Taylor  
Name of Person  
6000 Sawgrass LLC  
Firm/Company  
6000 Sawgrass Village Cir.  
Address  
Ponte Vedra Beach, FL 32082  
City/State and Zip Code  
dontesklarcorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Stock (admin) at ( 904 ) 719-2040  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

6000 Sawgrass 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 6-20-2013 and assigned Florida document number L13000089237.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Lisa S Taylor

New Registered Office Address:

6000A Sawgrass Village Cir

Enter Florida street address

Ponte Vedra Beach

Florida

32082

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 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.

Lisa S Taylor  
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>
<del>AM</del>	Unionville Inc	6000C Sawgrass Village Cir	<input type="checkbox"/> Add
		Ponte Vedra Beach,	<input checked="" type="checkbox"/> Remove
		FL 32082	<input type="checkbox"/> Change
<del>AM</del> AR	Clonmell Renovations Inc	6000C Sawgrass Village Cir	<input checked="" type="checkbox"/> Add
		Ponte Vedra Beach,	<input type="checkbox"/> Remove
		FL 32082	<input type="checkbox"/> Change
member	Lisa S Taylor	137 Bristol Place	<input checked="" type="checkbox"/> Add
		Ponte Vedra Beach FL 32082	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Don Taylor Manager Member  
Signature of a member or authorized representative of a member

Don Taylor  
Typed or printed name of signee

**Filing Fee: \$25.00**