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(Ad	dress)	
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COVER LETTER

	gistration Se ision of Cor				
SUBJECT:	Sweetwater	20, LLC			
Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Norman C. Sutton			
		····	Name of Person		
		Sweetwater 20, LLC			
		•	Firm/Company		
		138 Eleanor Ct			
			Address		
		Lake Placid, FL 33852			
			City/State and Zip Code		
		NCSUTTON1946@gmail.o			
For further in	nformation co	E-mail address: (oncerning this matter, please co	to be used for future annual report notifi	cation)	
Norman C. S		2	863 441-3062		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	e following amount:			
\$25.00 F	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

Sweetwater, 20 LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number £17000190149	Company were filed on September 07, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	量营 州
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	abbreviation "C.P.C."
Enter new principal offices address, if applicable:		9 5 17
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2: 33 2: 33
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		r the name of the new
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
	City	гір Соае

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 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>	Address	Type of Action
MgrMbr	NORMAN C. SUTTON	138 Eleanor Ct	
		Lake Placid FL 33852	□ Remove
			■ Change
AMBR	Lilibeth Sutton	138 Eleanor Ct	
		Lake Placid, FL 33852	<u></u>
		Change	
		Remove	
		Remove P Charge Charge Remove	
		□ Remove	
		ু Change	
		Add	
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ffective date, if other than the an effective date is listed, the date mus	t be specific and ca	unnot be prior to d	ate of filing or more	han 90 days after filing	g.) Pursuant to 605.0207 (3
Note: If the date inserted in this blo	ock does not mee	et the applicable	statutory filing re	quirements, this date	will not be listed as th
ocument's effective date on the Do	eparument of Stat	ie s records.			
e record specifies a delayed	offoctive dat	to but not a	a offactiva tim	at 12:01 a.m.	on the earlier of:
The 90th day after the reco		ic, but not a	r checuve tan	e, at 12.01 a.m.	on the earlier or.
eated September 20		2017			
Morman C.	0/11				
Tomar C.	Ja cen				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00