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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	BCT:	SAW6RASS Name of Limi	HET RESORT,	LLC
The en	closed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		KATE	WAGNER Name of Person	
		SAW (LARS	AF RESOCT	
		30 FRAN	KLIN AVE	
		PONTE VEDA	<u>v</u>	32082
		Kale et E-mail address: (t	City/State and Zip Code Negrae Cuy Hergo 0 o be used for future annual report noti	<u> </u>
For fur	ther information of	oncerning this matter, please ca	dl:	
	RATE Name o	WAGNER OF Person	at (904) 993- Area Code Daytim	9/24 e Telephone Number
			·	·
Enclos	ed is a check for t	he following amount:		
□ \$2	5.00 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

TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability	ty Company as it now appears on our records.)					
(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 1/24/2018—and assigned orida document number 18000 2161.						
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:						
A. If amending name, enter the new name of the limi	ited liability company here:					
The new name must be distinguishable and contain the words "Limitation of the contain	nited Liability Company," the designation "LLC" or the abbreviation "l	L.L.C."				
Enter new principal offices address, if applicable:	₩	SEI				
• •	RESS)	A.E				
	2	ASS				
Enter new mailing address, if applicable:		S S				
(Mailing address MAY BE A POST OFFICE BOX)		AIE				
	· ·	of the new				
	, Florida					
New Registered Agent's Signature, if changing Registered	City Zip Code d Agent:	:				
provisions of all statutes relative to the proper and co accept the obligations of my position as registered as	and agree to act in this capacity. I further agree to come complete performance of my duties, and I am familiar w gent as provided for in Chapter 605, F.S. Or, if this doc ed office address, I hereby confirm that the limited liabi	ith and cument is				

If Changing Registered Agent, Signature of New Registered Agent

or remov	ed from our records:		
MGR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	TARA PARSONS	104 S BEACH DR St ANGUSDNE, FC 32084	Add
		ST ANGUSTINE, FC 32084	Remove
			Change
			Add
			□ Remove
			Change
		<u></u>	□ Add
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ective date, if other than the date of filing:	(optional)
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filite: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	ing or more than 90 days after filing.) Pursuant to 605.6 ry filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlie
ded 4-19 M. 2918.	
Signature of a member or authorized represe	entative of a member
PARTY INTERNITY	

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Filing Fee: \$25.00