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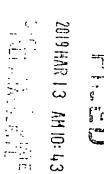
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	SAWGUASS Name of Lim	DET RESORT,	LIC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mary/on sa	K Wagner	
	Sawjas	Name of Person So Pet Resort Firm/Company	UC
	30 Frankl	in Ave	
	Ponte Vedra	Address BA T 3 City/State and Zip Code (ASS petres of the Code to be used for future annual report notional)	2082
	In to @ Sawg R E-mail address: (City/State and Zip Code (ASS petreSoft. C to be used for future annual report noti	ô M fication)
For further information c	oncerning this matter, please ca	all:	
		at (904) 993-	9/26
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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:

TO:

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 AMENDMENT TO ARTICLES OF ORGANIZATION

- F2-7 - 1

SAL MACO M	Promote 1	الما معانية الما
MNG16753 PET	MSORT, WI	2019 HAR 13 AM ID: 43
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears or a Limited Liability Company)	rodrice (Mass.)
The Articles of Organization for this Limited Liability C	Company were filed on	JALL and See and assigned
Florida document number	_ .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
	•	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		
Enter new mailing address, if applicable:	- 	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	stered office address on ou	r records, enter the name of the nev
registered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	treet address
	Cin	, Florida Zin Code
	City	гар Соне

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

H antending Authorized Person(s) authorized to manage, enter the title, name, and address and action in	
or renioved from our records;	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Wilhum Scott Wagner	30 FRANKUN AVE.	Add
	·	30 FRANKUN AVE. PONTE VEDRA BIH, FL 32082	□ Remove
		-5482	Change
			Add
			□ Remove
			Change
			
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			🗆 Add
			Remove
			□ Change

. If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	- `
- '		
Fffe	ctive date, if other than the date of filing: (optional)	
(Illan	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 605,020 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	7 (3)
doc	e: If the date inserted in this block does not freet the apprecase statutory imag requirements, this date will not be fished a similar free the date on the Department of State's records.	5 LIIV
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	f:
) H	ne 90th day after the record is filed.	
Date	a March 10 2019 MM	
Date	- INEWAN	
	Signature of a member or authorized representative of a member	
	May onse K Wayner Typed or printed name of signee	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00