

19 000074459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

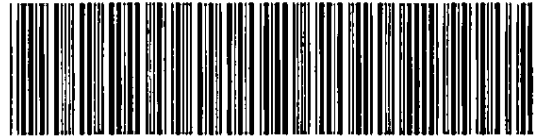
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAR 28 PM 4:44

FILED

LLC  
Amend.

3/28/23

De

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sawgrass Circle LLC  
Name of Limited Liability Company

RECEIVED

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

2022 JUL 22 AM 8:40

ST  
TALLAHASSEE, FL

Don Taylor  
Name of Person

Sawgrass Circle LLC  
Firm/Company

6000C Sawgrass Village Cir  
Address

Ponte Vedra Bch FL 32082  
City/State and Zip Code

dontestlarcorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Stach (admin)  
Name of Person

at ( 904 ) 719-2040  
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**

Sawgrass Circle 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 1-23-2019 and assigned Florida document number L19000024459.

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

City

Florida

32082

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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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>
<u>MM</u>	<u>Unionville Inc</u>	<u>6000C Sawgrass Village Cir</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AR</u>	<u>Clonmell Renovations Inc</u>	<u>6000C Sawgrass Village Cir</u>	<input checked="" type="checkbox"/> Add
		<u>Prdu Vedra Bch FL 32092</u>	<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 Manger Member  
Signature of a member or authorized representative of a member

Don Taylor  
Typed or printed name of signer

**Filing Fee: \$25.00**