L190000093321

(Req	uestor's Name)	-
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(City	/State/Zip/Phon	e #)
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PICK-UP	☐ WAII	L_ MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

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08/09/21--01027--010 **25.00

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,	Name of Lim	ned Liaminy Company				
	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	David Russell					
		Name of Person				
	Sawgrass Home Services,	LLC				
		Firm/Company				
	11110 Orangewood Dr					
	- -	Address				
	Bonita Springs, FL 34135					
	sawgrasshomeservicesllc@	City/State and Zip Code gmail.com				
	E-mail address: (to be used for future annual rep	ort notification)			
For further information of	concerning this matter, please ca	all:		77 035 035	2021	
Kristan Russell		at (239 Area Code) 825-	7198		2021 AUG -9	ğ
Name o	of Person	Area Code	Daytime Telephon	e Number	-9 AM 10: 1	The second secon
Enclosed is a check for the	he following amount:			70 1	<u> </u>	
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	ed)	\$60.00 Filing Fee. Certificate of State Certified Copy (additional copy is enc	ယ IS &	

Mailing Address:

TO:

Registration Section
Division of Corporations

SUBJECT: Sawgrass Home Services, LLe

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

+ 10 ARTICLES OF ORGANIZATION OF

Sawgrass Home Services, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000093321</u>	were filed on 4/4/2019	and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "l	lC."
Enter new principal offices address, if applicable:	11110 Orangewood Dr		
Principal office address MUST BE A STREET ADDRESS)	Bonita Springs, FL 34135		
Enter new mailing address, if applicable:	11110 Orangewood Dr		
Mailing address MAY BE A POST OFFICE BOX)	Bonita Springs, FL34135		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>enter the na</u>	ame of them	** 27.25 (1 % 80 (2.28
Name Descriptions of Offices Addresses		3	, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
New Registered Office Address:	Enter Florida street address	<u> </u>	; ····/
	, Florida	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.

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	David Russell		
			□Remove
		11110 Orangewood Dr. Bonita Springs, FL 34135	Change
AMBR	Kristan Russell		□ Add
			□Remove
		11110 Orangewood Dr. Bonita Springs, FL 34135	= Change
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	o the same of the			· -			
s filed.		ctive date, but n	ot an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day after the
	August 2		2021	·			
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