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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	<u> </u>
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
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Certified Copies	_ Certificatés o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only





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COVER LETTER

TO: Registration So Division of Cor			,	
	Iome Services LLC			
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	_		
Please return all correspo	ondence concerning this matter	to the following:		
	Kristan Russell			
		Name of Person		
	Sawgrass Home Services I	LC		
Firm/Company				
	11110 Orangewood Dr			
		Address	······································	
	Bonita Springs, FL 34135			
		City/State and Zip Code		
	sawgrasshomeserviceslic@	gmail.com to be used for future annual report no	tification)	
For further information of	concerning this matter, please of	•	ancaion)	
Kristan Russell		239 825-7198 at ()		
Name o	of Person		ne Telephone Number	
Enclosed is a check for t	he 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 Addres		Street Address:	ection.	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sawgrass Home Services LLC		
(Name of the Limited Liab (A Flor	ollity Company as it now appears on our records ida Limited Liability Company)	3.)
The Articles of Organization for this Limited Liability	Company were filed on 4/4/2019	and assigned
Florida document number L19000093321	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Sawgrass Maintenance LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2023 C
(Principal office address MUST BE A STREET ADI	DRESS)	
		SSC <u>re</u> M
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		m O
B. If amending the registered agent and/or register		the name of the new registered
agent and/or the new registered office address here	2:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
<u> </u>		orida
	City	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.

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>	Name	Address	Type of Action
			□Add
			Петюvе
			□Add
			□Remove
			☐ Change
	 		□Add
			□ Remove
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Add
			□ Remove
			□Change

Page 2 of 3

	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an ef (b) The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier of:
Dated January 1 , 2023 ,	
MAP Alusey	resentative of a member
Kristan Russell	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00