L21000187222

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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	egistration Selivision of Cor					
SUBJECT		VESTMENTS SAWGRASS.	LLC			
	•	Name of Lim	ited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		LEONORE SIBILO				
			Name of Person			
		SIBILO INVESTMENTS	SAWGRASS, LLC			
		 "	Firm/Company			
		2001 SW 63RD AVE				
			Address			
		PLANTATION, FL 3331	17			
			City/State and Zip Code			
		lsibilo@hotmail.com				0
			to be used for future annual report notific	ation)	2021	
For further	information co	oncerning this matter, please ca	all:			:
LEONORE	ESIBILO		954 6081335 at ()		Y 24	
	Name of	Person		Telephone Number	2021 PCY 251 A II: 24	J
Enclosed is	a check for th	e following amount:			24	
□ \$ 25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIBILO INVESTMENTS SAWGRASS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A LAMBA LIII	ned maonity company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 04/23/21	and assigned
Florida document number L21000187222		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		2021
B. If amending the registered agent and/or registered of	ice address on our records, enter th	e name of the new registers
agent and/or the new registered office address here:	ice address on our records, enter th	=
		>
Name of New Registered Agent:		=
New Decisions Address		24
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	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 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>	Type of Action
AMBR	BRIAN SIBILO	2001 SW 63RD AVE	
		PLANTATION, FL 33317	□Remove
		-	
AMBR	GIANNI SIBILO	2001 SW 63RD AVE	□Add
		PLANTATION, FL 33317	□Remove
			■ Change
			
			Remove .
			□Change·
			☐Change
			□Add
		□Remove	
			□Change
			□Add
			Remove
			∏Change

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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) n 90 days after filing.) Pursuant to 605.020 irements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed.	earlier of: (b) The 90th day after the
ated MAY 18 2021	
	ember

Filing Fee: \$25.00