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(Requestor's Name) (Address) (Address)	600369813
(City/State/Zip/Phone #)	07/21/2101008(
(Business Entity Name) (Document Number)	
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COVER LETTER

	egistration S ivision of Co				
SUBJECT	Sawfish Co	onstruction Group LLC			
SCORECT	· ——-	Name of Lin	nited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	rn all correspo	ondence concerning this matter	to the following:		
		Michael Kobs			
			Name of Person		
		Sawfish Construction Gro	up LLC		
			Firm/Company		
		12060 Lucca Street Apt 10	01		
			Address		
		Fort Myers, FL 33966			
		 	City/State and Zip Code		
		Mike@sawfishconstruction	group.com		
		E-mail address: (to be used for future annual report notifi	cation)	<i>(</i> 25)
For further	information c	oncerning this matter, please c	all:		۷,,
Michael Ko	bs		239 633-6700 at ()	•	
	Name o	f Person		Telephone Number	
Enclosed is	a check for th	ne following amount:		≧ j	
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	niling Addres gistration S		Street Address: Registration Sect	ion	
Division of Corporations		orporations	Division of Corp		
	D. Box 632		The Centre of Ta		
ı a	llahassee, F	1L 32314	2415 N. Monroe	Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sawrish Construction Group LLC		
(<u>Name of the Limited I</u> (A	iability Company as it now appears on our records Florida Limited Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liabi		
lorida document number L21000238828		
his amendment is submitted to amend the followi	ng:	
. If amending name, enter the new name of th	e limited liability company here:	
he new пате must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	'or the abbreviation "L.L.C."
nter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	IDDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	<i>x</i>)	
		•
		(7)
. If amending the registered agent and/or regis	stered office address on our records, <u>enter t</u> ere:	the name of the new register
	 -	
Name of New Registered Agent:		•
N. D. J. Joseph A. H.		
New Registered Office Address:	Enter Florida street address	N
	* Programme and the second sec	100
_	, Flo	
	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>	Address	Type of Action
MBR	Richard A Minnick	939 Hibiscus Road, N Fort Myers, FL 33903	□Add
			■Remove
			Change
			🗆 Add
			□Remove
			□Change
<u>. </u>			□Add
			□Remove
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			Change
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Filing Fee: \$25.00