

L22000121136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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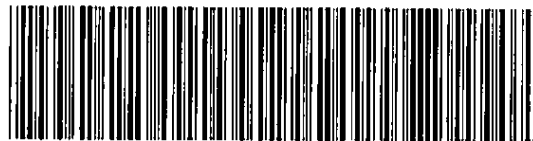
(Business Entity Name)

(Document Number)

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STATE PARTY OF'S INT  
TALLAHASSEE, FL

2022 OCT 12 AM 10: 19

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TALLAHASSEE, FL 32301

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**CT CORP**

**3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724**

**Date:** 10/12/2022

Acc#120160000072

*W: C J W*

|             |                               |
|-------------|-------------------------------|
| Name:       | Sawgrass Lane Properties, LLC |
| Document #: |                               |
| Order #:    | 14584626                      |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
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| Availability _____  |
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| Examiner _____      |
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| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **25.00**

**Thank you!**

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2022 OCT 12 AM 10:19

Sawgrass Lane Properties, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3/9/22 and assigned  
Florida document number L22000121136.

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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road  
*Enter Florida street address*

Plantation Florida 33324  
*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.*

C T Corporation System Theresa Buck Theresa Buck, Assistant Secretary

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> | <u>Name</u>                   | <u>Address</u>                            | <u>Type of Action</u>                      |
|--------------|-------------------------------|---|--|
| AMBR         | Edward LeSage                 | 489 Sawgrass Lane, Sanibel, FL 33957      | <input type="checkbox"/> Add               |
|              |                               |   | <input checked="" type="checkbox"/> Remove |
|              |                               |   | <input type="checkbox"/> Change            |
| AMBR         | Edward L. LeSage Dec of Trust | 1896 E. Amberstone Rd., Manteno, IL 60950 | <input checked="" type="checkbox"/> Add    |
|              |                               |   | <input type="checkbox"/> Remove            |
|              |                               |   | <input type="checkbox"/> Change            |
| AMBR         | Kerry LeSage                  | 489 Sawgrass Ln, Sanibel FL 60950         | <input type="checkbox"/> Add               |
|              |                               |   | <input checked="" type="checkbox"/> Remove |
|              |                               |   | <input type="checkbox"/> Change            |
| AMBR         | Kerry B. LeSage Dec of Trust  | 1896 E. Amberstone Rd., Manteno, IL 60950 | <input checked="" 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            |

