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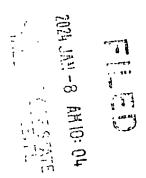
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COVER LETTER

	ision of Corp							
	1021 SAWC	TRASS, LLC						
SUBJECT:		Name of Limi	ted Liability Company					
The enclosed	l Articles of A	Amendment and fee(s) are sub-	nitted for filing.					
Please return	all correspor	ndence concerning this matter t	to the following:					
		SOPHIA UTNICK-BREN	NAN					
			Name of Person					
			Firm/Company					
		6253 PINEHURST LOOP						
	Address							
			City/State and Zip Code					
		Smlarentals@gmail.com	to be used for future annual report no	titientian)				
For further i	nformation co	E-mail address: () oncerning this matter, please ca		T :	7024 JAN -8			
SOPHIA U	TNICK-BRE	NNAN	305 713-0101		-8			
	Name of	Person	Area Code Dayti	me Telephone Number	S EM 10: 04			
Enclosed is	a check for th	ne following amount:		(5)	£			
\$25.00	Fifing 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 enclose				
	ailing Addres		Street Address:					
Registration Section Division of Corporations			Registration Section Division of Corporations					
	O. Box 632		The Centre of	Tallahassec				
Ta	aliahassee, l	FL 32314	2415 N. Moni	oe Street, Suite 810				

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1021 SAWGRASS, LLC			
(Name of the Limi	ted <u>Liability Company as it now appears o</u> (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I		3/2022 and assigned	
Florida document number 1.22000269661	<u> </u>		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited Jiability company here	:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli-	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
re a contraction of the contract		707	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
		- 3	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our rec ss here:	ords, enter the name of the new registered	
Name of New Registered Agent:	Name of New Registered Agent: SOPHIA UTNICK-BRENNAN		
New Registered Office Address:	6253 PINEHURST LOOP		
	Enter Florida	a street address	
	WINTER HAVEN	, Florida ³³⁸⁸⁴	
	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>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL BRENNAN	6253 PINEHURST LOOP	[]Add
		WINTER HAVEN, FL 33884	[]Remove
			≣Change
MGR	SOPHIA UTNICK-BRENNAN	6253 PINEHURST LOOP	<u> </u>
		WINTER HAVEN, FL 33884	□Remove
			□Change
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ective date, if other than to effective date is listed, the date in this rument's effective date on the	must be specific block does n	and cannot be pot meet the ap	plicable stat	filing or mor utory filing	e than 90 days a	ptional) after filing.) this date (Pursuant to will not be) 605.0207 : listed as
cord specifies a delayed effects filed.	tive date, but	not an effecti	ve time, at 1	2:01 a.m. on	the earlier of	(b) The	: 90th day	after the
ed DECEMBER 27		2023	·					
H								
	Signatura	of a member or	anthuriand ear	rescampative o	'a montker			_

Filing Fee: \$25.00