L24 000 177 487

(Re	questor's Name)	
(Ad	dress)	
<u> </u>	dress)	
(//0	aicssy	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	-i E-ME-NI	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
	_	
		
Special Instructions to	Filing Officer:	
L		





500434326605

08/07/24--01010--021 ++25.00

24 / 123 - 7 - KH 6: 02

COVER LETTER

10: Registration Sec Division of Corp		
SUBJECT:	Sawyer Pai	AL Rentals ited Liability Company
-	Name of Limi	ited Liability Company
The enclosed Articles of A	Amendment and fee(s) are sub-	
Please return all correspon	dence concerning this matter	to the following:
	<u> </u>	Name of Person
	same	rs Paity Rentals
	3317	Hamil Ave
	- KLY WES	City/State and Zip Code A 1 (Th+a)s (a gmail COM o be used for future annual report notification)
	E-mail address! (t	o be used for future annual report notification)
For further information co	ncerning this matter, please ca	
GIANA Name of	S CLVYE(Person	at (305) 395 - 23 62 Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:
Registration Se Division of Co		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sanyers Par	ty Pentals
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 24000177487</u>	ompany were filed on $4-15-2024$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	74
(Principal office address MUST BE A STREET ADDRE	ESS)
	j.m.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	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:	
New Registered Office Address:	Enter Florida street address
	, Florida

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	Jarred Sawer	3317 Harriet Ave	□Add
			X Remove
	•	-	Change
M6R	Gianna Sawyer	3317 Harrich Ave	XAdd ·
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
	·		□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

<i>5.</i> 11 411	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
-	
-	
(If an eff	ive date, if other than the date of filing:
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	-1 in $\lambda = 1$ $\lambda = 2$ $\lambda = 4$
	Significant of a member or authorized representative of a member
	GIANA SAWYER Typed or printed name of signee

Filing Fee: \$25.00

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•.
	•
	
,	
	
• •	
fan ef <u>Note:</u>	tive date, if other than the date of filing: (optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	nent's effective date on the Department of State's records.
record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the field. $\int \frac{1}{100} \frac{1}{1000} \frac{30}{1000} \frac{2024}{10000}$
Dated	JUNE 10, 2024.
	Ignature of a member or authorized representative of a member
	Gianna sawyer

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Samuers PG	ISTY PE	entals		
(<u>Name of the Limited Lia</u> (A Fle	ibility Company as it norida Limited Liability C	<u>ow appears on our</u> (ompany)	records.)	
The Articles of Organization for this Limited Liabilit	y Company were fil	ed on <u>4 — 1</u>	5 - 2024 and assigned	
This amendment is submitted to amend the following	2 :			
A. If amending name, enter the new name of the	limited liability con	npany here:		
The new name must be distinguishable and contain the words "	Limited Liability Comp	any," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		· - -		-
(Principal office address MUST BE A STREET AD	DDRESS)		· · · · · · · · · · · · · · · · · · ·	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-		-
B. If amending the registered agent and/or registengent and/or the new registered office address her		on our records,	enter the name of the new registe	<u>red</u>
Name of New Registered Agent:		-		-
New Registered Office Address:	_ 		 .	
		Enter Florida street	address	
	City		Florida Zip Code	-
	ζúj		rap Com	

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