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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only

G. MCLEOD

AUG-25 2010

EXAMINER



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COVER LETTER

TO: Registration Division of C	Section orporations					
SUBJECT:	SW	FL LAW PL				
	Name of Lim	ited Liability Company				
	of Amendment and fee(s) are su					
		Mario Musil				
		Name of Person				
	MUSIL LAW PLLC					
Firm/Company						
	970 (North Cocoa Blvd. Suit	te 4			
		Address				
	Cocoa, FL 32922					
		City/State and Zip Code				
	E-mail address: (m@musillawfirm.com to be used for future annual repor	rt notification)			
For further information	concerning this matter, please of	eall:				
	Mario Musil	at (239 _{.)}	213 8068			
Name	of Person		Daytime Telephone Number			
Enclosed is a check for	the following amount:					
₹25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end		of Status &		
MAII	LING ADDRESS:	STREET/CO	OURIER ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

SWFL L						
Name of the Limited Liability Compa (A Florida Limited L	n y as it now appea iability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Company were filed on5/22/2009 Florida document number L09000050233				and assigned		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company her	œ:				
MUSIL LAV						
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	any," the designation "	LLC" or the	e abbreviation		
Enter new principal offices address, if applicable:	970 North Co	coa Blvd.		>		
(Principal office address MUST BE A STREET ADDRESS)	Suite 4			<u>v</u>		
	Cocoa, FL 32	2922	6 4 m	ω ;		
				* !!!		
Enter new mailing address, if applicable:	970 North Co	coa Blvd.	3.15	f. 🔾		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 4		36 36 36 37	<u></u>		
	Cocoa, FL 32922					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter</u>	the name	of the new		
Name of New Registered Agent:						
New Registered Office Address:						
	Ent	Enter Florida street address				
	, Florida					
	City		Zip Co	de		
$\underline{\textbf{New Registered Agent's Signature, if changing Registered Agent:}}$						

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 608, 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** Title ' **Name Address** ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add ___Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) All addresses even for registered agents should be the new Cocoa, FL address. There should be no addresses in Naples, FL August 18th Dated_ Signature of a member or authorized representative of a member Mario Musil Typed or printed name of signee

· If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00