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Office Use Only

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SECRETARY OF STATE

T. CLINE
DEC 13 2011
EXAMINER

COVER LETTER

TO:

	Registration Section Division of Corporation			. '			
SUBJEC	vr.	SOUTHWEST E	NVIRONMENTAL LL	С			
SOBJEC	·1·	Name of Limited Liability Company					
		nendment and fee(s) are sub					
Please re	turn all correspond	ence concerning this matter	to the following:				
	Tony DiFoggia						
			Name of Person				
·		South	west Environmental LLC				
			PO Box 750				
			Address				
			Estero, FL 33929				
			City/State and Zip Code		300	9 4	
		E-mail address: (t	en@hfcrossmancpa.com o be used for future annual report no	tification)			w-16
For furth	er information con-	cerning this matter, please c	all:		MASSE	MII DEC 12	arcenae Games a
	Tony	DiFoggia	at (_239_)	777-8336	#10 11		Garana Parada Sanada
	Name of Po	erson	Area Code & Dayt	ime Telephone Number	EE. FLORIDA	ar Kultur se	g mr.
Enclosed	is a check for the	following amount:			"~		
\$25.0	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Fili Certificat ed) Certified (addition	e of Stat Copy		ed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registration Sec Division of Corp	orations				
		Clifton Building					

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHWEST ENVIR	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed onAUGUST 28, 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	DEC 12
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Linei Piorida sireel address
	4 a

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	DOMINIQUE J. DIFOGGIA	5140 SEASHELL AVENUE NAPLES, FL 34103	Add ☑ Remove
	···		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Apple Remove
D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary)	DEC 12 MIO
-		: Cu 75	A SO
_ _ Dated	DECEMBER 8 20)11	_ _
Paicu		r or authorized representative of a member	
		NY A. DIFOGGIA or printed name of signee	
	-21		

Page 2 of 2

Filing Fee: \$25.00