

L17000227640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

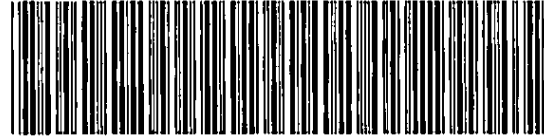
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 26 2018  
T SCHROFF

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SWFL PROPERTY CARE LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN BORLEY  
Name of Person  
SWFL PROPERTY CARE  
Firm/Company  
19877 MARKWARD CROSSING  
Address  
ESTERO FL 33928  
City/State and Zip Code  
stevbor@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JHGJHGJKHGKKK STEVE BORLEY at (714) 497 5143  
Name of Person Area Code 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 enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SWFL PROPERTY CARE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/07/2017 and assigned Florida document number L17000227640

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MISSION CRITICAL ADVISOR ALLIANCE LLC

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:

9911 CORKSCREW RD # 210  
ESTERO  
FL 33928

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

19877 MARKWARD CROSSING  
ESTERO  
FL. 33928

(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:

NEWMAN, LAWRENCE

New Registered Office Address:

1900 GLADES RD # 300

Enter Florida street address

BOCA RATON

Florida

33928

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

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STATE OF FLORIDA  
REGISTERED AGENT ASSISTANT

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

Title	Name	Address	Type of Action
MANAGER (MGR)	STEPHEN C BORLEY	19877 MARKWARD CROSSING ESTERO FL 33928	<input checked="" type="checkbox"/> Add
S. C. Borley			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 ALTAIR ASSIST. REGISTRAR

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

No

E. Effective date, if other than the date of filing: SEPT 1st 2018 (optional)  
(If an effective 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 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 20 AUGUST, 2018

McBoney  
Signature of a member or authorized representative of a member  
STEPHEN CHARLES BONEY  
Typed or printed name of signer

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TALLAHASSEE FLORIDA