Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations	,	
	Fax Number : (850)617-6383	0	

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Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Phone : (614)280-3338 Fax Number : (954)208-0845

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FARTMENT OF STREAM OF STREAM OF CORPORATE.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE HOLY SWAG, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Holy Swag, LLC		
(Name of the Limited Liability Com	nany us it now appears on our record	<u>L</u>)
A Horida Limite	d Li2bility Company) :	
	9 April 16, 2018	and assigned
The Articles of Organization for this Limited Liability Compar	ry were filed on	and assigned
Florida document number Li 8000092644		
Florida document number		
and the state of t		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
A. If amending name, enter the new name of the princes of	•	22
	4 1	<u>£\</u>
The new name must be distinguishable and contain the words "Limited Lie	ability Cumpany," the designation "LLC	or the abbiteviation "Lat. C."
The new rather than the manual property of the state of t		AY AY
Enter new principal offices address, if applicable:		
		2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
(Principal office address MUST BE A STREET ADDRESS)		
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•	447	
		•
B. If amending the registered agent and/or registered	office aderess on our record	ls, enter the name of the new
registered agent and/or the new registered office address	ig to Table (1222) nere:	
registered agent anoth the new presented		
	ವು. ಸ್ಟ್ರೆಕ್	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	£2	Torida
· ·	, F	Zin Code
	1.3	··•
New Registered Agent's Signature, if changing Registered Age	<u>ent:</u>	
I hereby accept the appointment as registered agent and		and the second s
I have be consent the appointment as remsicred agent and	among to not in this convolity. If	maner agree to compiy who me
I Hereny accept the appointment and again,	agree to act in this capacity. I f	urther agree to comply with the
and the second s	INTO TIPTICIPMINING (II INV GUINGS: G	ALLES Y LELYE YELVILLE TOUR
provisions of all statutes relative to the proper and comp	as provided for in Chapter 605	F.S. Or, if this document is
provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of	as provided for in Chapter 605	F.S. Or, if this document is
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provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	as provided for in Chapter 605	, F.S. Or, if this document is hat the limited liability

To: Page 4 of 5

MGR = Manager

If amending Authorized Person(s) authorize	ed to manage, enter the title, name, and address of each person be	ing added
or removed from our records:	•	

· AMBR = A	uthorized Member	•	
. <u>Title</u>	<u>Name</u>	Address	Type of Action
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		Unit 110	☐ Remove
		Pembroke Pines, Florida 33629	☐ Change
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ffective date, if other that an effective date is listed, the di Note: If the date inserted in	ate must be specific and ca	innot be prior et die applie	to date of filing or able statutory fil	more than 90 days at ling requirements, t	his date will not be	listed a
focument's effective date on	the Department of Sta	re's records.				
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The 90th day after th	e record is filed.					
		2018				
May I						
Dated May	· · · · · · · · · · · · · · · · · · ·	Λ 1				
Dated May	Len	}		1		
Dated May I	Signature of a me	mber or auch	urized representat	ive of a member		•

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