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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STRICTLY BUSINESS OF SW FLORIDA LLC

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F 33 3 1 2023

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

STRICTLY BUSINESS OF SW FLORIDA 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 o <u>n 04/20/18</u>	and assig	ned
Florida document number <u>L18000100154</u> .		_	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record <u>s, enter the</u>	name of the ne	<u>w registe</u> rec
Name of New Registered Agent:		2073 HAR 3	<u> </u>
New Registered Office Address:			
	Enter Florida street address	- 3	i i
	, Florida _		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I haraby account the appointment as registered agent and agree	a to act in this canacity. I further a	araa to compl	with the

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 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	Patricia L Pochtaruk	9667 CHANNELSIDE WAY	
		FORT MYERS, FL 33919	⊠ Remove
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			Remove
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an effe (ote: -1	ve date, if other than the date of filing: (optional) (citive 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 605.02 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the statutory filing requirements.	207 (ne
ocume	ent's effective date on the Department of State's records.	
record Lis file	specifies a delayedeffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.	
ated_	March 31 2023	
	March 31 2023 March 31 Signature of a member or authorized representative of a member	
	Robin Jones	

Filing Fee: \$25.00