Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : I20110000069 : (954)567-0013 Phone (954)567-3401

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

Email Address: <u>bathy@apiprocessing.com</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SW BUILDERS GROUP LLC

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May 17, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SW BUILDERS GROUP LLC P.O. BOX 548 WARRENTON, OR 97146

SUBJECT: SW BUILDERS GROUP LLC

REF: L21000180556

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator FAX Aud. #: E21000193954 Letter Number: 621A00010303

Rge 30 15

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SW Builders Group LLC		
(Name of the Limited Lie (A Flo	ibility Company as it now appear orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on	April 19, 2021	and assigned
Florida document numberL21000180556	·		
This amendment is submitted to amend the following	ī:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
SE Builders Group LLC			
The new name must be distinguishable and contain the words	Limited Liability Company," the de	Signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			202 H
(Principal office address MUST BE A STREET AL	DRESS)	-	
	 .		9
			So T Pro
Enter new mailing address, if applicable:			PH PH
(Mailing address MAY BE A POST OFFICE BOX			75
TAMENTAL THE PARTY OF THE PARTY	<u> </u>		
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our re rc:	ecords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		. Florida	
	City	, FIUTIDA	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.

H21000193954 3

Page 4 of 5
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			F.IChange
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