

L00000014053

No Cover Letter

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

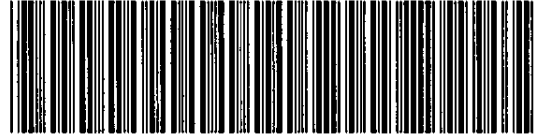
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Rec 1/26/15

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12/01/14--01031--019 \*\*385.00

FILED  
15 JAN 26 AM 9:35  
RECORDED & INDEXED  
TALLAHASSEE, FLORIDA

M. MILLIGAN  
EXAMINER

FEB 2 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2014

SWAP SHOP MANAGEMENT, L.L.C.  
3291 WEST SUNRISE BLVD.  
FORT LAUDERDALE, FL 33311

SUBJECT: SWAP SHOP MANAGEMENT, L.L.C.  
Ref. Number: L00000016053

We have received your document for SWAP SHOP MANAGEMENT, L.L.C. and your check(s) totaling \$385.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments to articles of organization of a Florida limited liability company must comply with section 605.0202, Florida Statutes. For your convenience, we are enclosing the appropriate form and instructions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Michelle Milligan  
Senior Section Administrator

Letter Number: 414A00025958

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SWAP SHOP MANAGEMENT, 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:

**BETTY HENN**

Name of Person

**SWAP SHOP MANAGEMENT, LLC**

Firm/Company

**3291 WEST SUNRISE BOULEVARD**

Address

**FORT LAUDERDALE, FL 33311**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JOYCE STEWART, CPA**

at ( 954 ) 561-5801

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

SWAP SHOP MANAGEMENT, LLC

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

FILED  
JAN 26 AM 9:35  
TALLAHASSEE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/26/00 and assigned  
Florida document number L00000016053.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability 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 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:

ROGER ALLEN

New Registered Office Address:

3438 LAKE WORTH ROAD

Enter Florida street address

LAKE WORTH

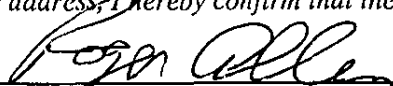
City

, Florida 33461

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**



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

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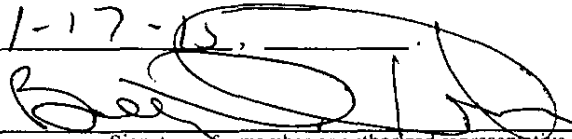
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

1-17-15  


Signature of a member or authorized representative of a member

BETTY D. HENN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 JAN 26 AM 9:35  
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