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COVER LETTER

	egistration Se Division of Cor			•.
SUBJEC"	SOUTHWI	EST 1-95, LLC		
	••	Name of Lim	ited Liability Company	
Division of Corporations SUBJECT: SOUTHWEST 1-95, LLC				
Please reti	um all correspo	endence concerning this matter	to the following:	
		Charles S. Lichtigman		
			Name of Person	
		444 Seabreeze Blyd Suite	· · ·	
				 -
		Daytona Beach, FL 32118		
		cl@charleswayne.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For further	r information co	oncerning this matter, please ca	all:	
Charles Li			386 506-0026	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00) Filing Fee	~	Certified Copy	Certificate of Status &

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

SOUTHWEST I-95, LLC

(Name of the Limited Liabil	lity Company as it now appears on our records.) da Limited Liability Company)	
(A Floric	da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L02000010057	Company were filed on APRIL 26., 2002	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		7019
	.	
Enter new mailing address, if applicable:		: 5
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
And the ATOST OFFICE BOXY		
		ن ن
B. If amending the registered agent and/or registered agent and/or the new registered office ade		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
New Designated Ament's Company of the series Designation	and America.	

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

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>	<u>Address</u>	Type of Action
MGR	CHARLES S. LICHTIGMAN	444 SEABREEZE BLVD.	
		SUITE 1000	
			Remove
		DAYTONA BEACH, FL 32118	
	PAUL F. HOLUB, JR.	675 N. BEACH STREET	■ Change
MGR			Add
		ORMOND BEACH, FL 32174	
			Remove
			E Change
			Remove
			☐ Change
			L Kemove
			Change
			•
<u>. </u>			
		-	Remove
			Change
			Remove
			Change

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refive date, if other than the date of filing: (optional) 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 eg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ament's effective date on the Department of State's records.	
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ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ean e 90th day after the record is filed.	earlier o
d April 24, 2019	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00