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.

(((H13000168719 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES

Account Number: 120050000099

: (813)932-5244

Fax Number

: (813)932-3782

*Enter the email address for this business entity to be used for $\overline{\mathfrak{D}}$ uture $\mathbb C$ annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILLIAM J SWIFT, LLC

Certificate of Status	υ
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

J. SAULSBERRY EXAMINER

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Corporate Filing Menu

Help

(((H130001687193)))

From! Róman Albano

TO:

Fax: +1 (813) 445-7083

Registration Section

To:

Fax: +1 (850) 817-6383

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COVER LETTER

(((H130001687193)))

Division of Co	rporations		•			
SUBJECT:	WILLIAM	J SWIFT, LLC				
		ted Liability Company		•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		ROMAN ALBANO		_		
		Name of Person		_		
	CONTRACTOR	S REPORTING SERVICE,	INC			
		Firm/Company				
	137	95 N NEBRASKA AVE				
•		Address			2013 JUL	
		FAMPA, FL 33624				}
		City/State and Zip Code		 	30	; ~
	E-mail address: (1	o be used for future annual report notifica	tion)		P	
For further information	concerning this matter, please c	all:			9: 01	•
	MAN ALBANO	at(813) 93				
Name o	of Person	Area Code & Daytime T	'elephone Numb	er		
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	☐\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	iling Fee, cate of Sta ed Copy onal copy		osed)

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

Front Roman Albano

Fax: +1 (813) 445-7083

To:

Fax: +1 (850) 617-6383

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(((H130001687193)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as i	t now appears on our records	 _	
(A Florida Limited Liability	(Company)		
The Articles of Organization for this Limited Liability Company were	filed on 11/25/2003	and assigned	
Florida document numberL03000047718			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability c	ompany here:		
SWIFT CONSTRUCTION & P			
The new name must be distinguishable and end with the words "Limited Lie" "L.L.C."	ability Company," the designation "LL	.C" or the abbreviation	
Enter new principal offices address, if applicable:	<u> </u>	201	
(Principal office address MUST BE A STREET ADDRESS)		1	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	ديّ *		
B. It amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the nev	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr		
			
Cih	, Florida	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 608, 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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Front.	Roman A	Albano
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Fax: +1 (813) 445-7083

Fax: +1 (850) 617-6383

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

To:

MGR = Ma $MGRM = N$	nager Ianaging Member	(((H13	3000168719 3)))
Title	<u>Name</u>	Address	Type of Action
			□ Add — □ Remove
			_ □ Add , □ □ Remove
			_ □ Add □ □ Remove
			🗇 Add 🗖 Remove
			🖪 Add — 🗖 Remove
D. If amend		ge(s) here: (Attach additional sheets, if necessary.)	IN 10 PM 9:
Dated	WA	013	·
		er or authorized representative of a member.	
		ILLIAM J SWIFT d or printed name of signee	