

LOG 000048415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

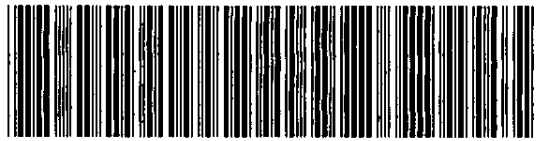
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



300161419773

10/19/09--01011--025 \*\*35.00

T. CLINE

MAR 29 2010

EXAMINER

FILED  
2010 MAR 26 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2009

PAUL DAMICO  
8991 TRIPLETT ROAD  
NORTH FORT MYERS, FL 33917

SUBJECT: SW FLORIDA MGT, LLC  
Ref. Number: L06000048415

We have received your document for SW FLORIDA MGT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 809A00033434

FILED  
2010 MAR 26 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SW FLORIDA 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:

Paul M. Damico  
Name of Person  
SW Florida Management LLC  
Firm/Company  
8991 Triple H Rd.  
Address  
North Fort Myers, Florida 33917  
City/State and Zip Code  
Paul.Damico@ATT.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Damico at (239) 543-7919  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &<br>Certificate of Status<br>Certified Copy<br>(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

FILED  
2010 MAR 26 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

<sup>PM</sup>  
~~SW Management I~~ SW Florida Management 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 on MAY 10, 2006 and assigned  
Florida document number L 06000048415.

This amendment is submitted to amend the following:

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

SAME

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:

SAME

(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:

Paul Damos

New Registered Office Address:

28436 Highgate Drive

Enter Florida street address

Bonita Springs

City

Florida

FL 34135

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 liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Kristen Garza	2727 66 <sup>th</sup> Street Naples FL 34105	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAR 29 PM 3:52

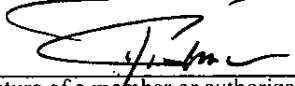
FILED

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

Originally this LLC was filed as a partnership  
when applying for an EIN - This is no longer  
the case.

Please allow this amendment to reclassify  
the LLC above as a "Single Member LLC"

Dated 3/1/2010

  
Signature of a member or authorized representative of a member  
Paul Damico  
Typed or printed name of signee