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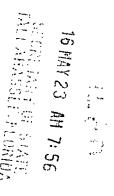
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJI		Properties, LLC		
		Name of Lim	ited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Scott W. Calderazzo		
			Name of Person	
		c/o Allstate Business Cento	ers, Inc.	
		<del></del>	Firm/Company	<del>,</del>
		P.O. Box 280078		
			Address	
		Tampa, FL 33682-0078		
			City/State and Zip Code	
		scott@abcwarehouserentals		
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Scott.	W. Calderazzo		813 240-1317	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>□</b> \$2	5.00 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

Tampa 25 Properties, 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 July 25, 2006 and assigned Florida document number <u>L06000073876</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SWC Property Investors, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 104 E. Fowler Ave. Enter new principal offices address, if applicable: Suite 201 (Principal office address MUST BE A STREET ADDRESS) Tampa, FL 33612 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: New Registered Office Address: Enter Florida street address

## 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.

City

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 = M $AMBR = A$	anager uthorized Member '		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00