106000087884

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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15 FEB 23 PH 4: 06
SECRETARY OF STATE

T. Burch FEB 24 2015.

COVER LETTER

	tration Sec on of Corp			
SUBJECT: _		Swama 7/4	۷	
SUBJECT: _		Swamp 7 LL Name of Lim	ited Liability Company	
The enclosed A	articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return al	ll correspon	dence concerning this matter	to the following:	
		Matthe	Name of Person	
		Swa	Firm Company	
		1024 North	Fulers Cross	
		Winter Garde	<u>∧ FC 39797</u> City/State and Zip Code	,
			•	
		E-mail address: (william Co. Com to be used for future annual report noti	fication)
For further into	rmation co	neerning this matter, please co	ati:	
Ma	++-	Zabik	467 \ 597	- 9991
	Name of	Person	at (<u>407</u>) <u>507</u> Area Code Daytim	e Telephone Number
Enctosed is a cl	neck for the	following amount:		
□ \$25,00 Fili	ng 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)
	Registrat Division P.O. Boy	SG ADDRESS: ion Section of Corporations : 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpor Clirton Building 2661 Executive Ce Tallahassee, FL 32	n utions nter Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2015

MATTHEW L ZABIK 1024 NORTH FULLERS CROSS WINTER GARDEN, FL 39787

SUBJECT: SWAMP 7, LLC Ref. Number: L06000087884 RECEIVED

15 FEB 23 AH 10: 00

WERAN OF COMMERCIAL

We have received your document for SWAMP 7, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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.

Tim Burch Regulatory Specialist II

Letter Number: 315A00002287

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF	
6,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	58 A 11
(Name of the Limited Lifebility Company	y as it now appears on our records.)
(A Florida Limited Li	ability Company)
	mla-land Ma D. FT
The Articles of Organization for this Limited Liability Company w	1
Florida document number <u>L.0600087894</u> .	
Miles and the second se	20 A S
This amendment is submitted to amend the following:	D. T. D.
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and end with the words "Limited Liabili	in () and with the language of Eq. "
the new mane must be distinguishable and end with the words. Climited Clabbi	ry company, the designation like of the above various like c.
Enter new principal offices address, if applicable:	1024 North Fullco Cross
(Principal office address MUST BE A STREET ADDRESS)	Winter Golden . FL 34787
	-
Enter new mailing address, if applicable:	1024 North Fullers Cross
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garden, FL 34787
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered offi	ice 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 L Zabik
New Registered Office Address: 1024	16th Fulers Cross Enter Florida street address
Winter G	rden, FL , Florida 34787
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
· · · · · · · · · · · · · · · · · · ·	and the state of t
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Motthau LZabik	1024 N Fullers Cross	BANG ASE 15
		winter barden FL 3478	15 FEB 23
MGR	David Fache	3030 ODESSA Rel	PH 4: 06
		Venice, FL 34293	APRemove
MGR	David Schaster	13404 NW 36th Ave	
		Ga.hesville # 32606	UKcmove
MGR	Bandon Bobo	2237 Leland Lane	
		Lassel Bary FL 3270)	7_t2 Remove
MGR	Geroge Bambrick	11195 Bachizon Er æst	Add
		Jacksonville Beach FL	[] Kemove
MGR	Timothy Lehman	65 Fairmy Lane	
		Jacksonville Beach, FL	D Add
		32250	_

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

MGR = Manager AMBR = Authorized Member			
Title	<u>Name</u>	Address	Type of Action
MCR	Douglas Haller	2325 Rainly Lake St Wake Forest NC 2758	
MCR	Jennifer Zabik	1024 N Fellers Coss	@ Add
			15 FEW 23
			23 PH L: 06 ARY OF STATE ASSEEL FLORIDA Remove
		-	
			

D. If	f amending any other information, en	ter change(s) here: (Attach additional shee	ets, if necessary.)
			-
(Th	he effective date must be specific, cannot be prior	filing: Date of Filing NEOF r to date of receipt or filed date and cannot be more than	ın 90 days after
	the date this document is filed by the Florida Dep.	artment of State)	
D.	Tanuary 14th	2015	Lala'
	Signature	e of a member or authorized representative of a member	
		Typed or printed name of signee	
			15 TALL
			FEB 2 RETAI AHAS
			SEE 3
		Page 3 of 3	U: n6

Filing Fee: \$25.00