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(Re	equestor's Name)	
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G. MCLECO

MAR 25 2008

EXAMINER

COVER LETTER

Division of Corporations	•
SUBJECT: S & W	Capital LLC (Name of Limited Liability Company)
	(Name of Emilied Elability Company)
The enclosed Articles of Amendment a	and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
	Name of Person) SFW Cap: fal LLC (Firm/Company)
	(Name of Person)
	SÉW Capital LLC
	//333 S.W. //5 Ferv. (Address)
,	Miami, FL 33176 (City/State and Zip Code)
	(City/State and Zip Code)
For further information concerning this	s matter, please call:
VAL SUIDER	at (786) 412 - 8576 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following a	imount:
\$25.00 Filing Fee \$30.00 Filing Fee Certif	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, icate of Status Certified Copy Certificate of Status & Certified Copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRE	STREET/COURIER ADDRESS: Position Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



iability company here: imited Liability Company," the designation "LLC" or the office address on our records, enter the name here:	ne abbreviation
imited Liability Company," the designation "LLC" or the office address on our records, enter the name	
imited Liability Company," the designation "LLC" or the office address on our records, enter the name	
office address on our records, enter the name	
office address on our records, enter the name	
	
(Enter Florida street address)	
(City) , Fiorida, (Zip C	ode)
(Enter Florida street address)	ode)
	(Enter Florida street address), Florida

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> **Address** Name | Coo Clayrinski Wilson 2724 SE. 15th Rd. Homestand, FL. 33035 ∏ Add | Remove Add Remove Add Remove ∏ Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March Dated ____ Signature of a member or authorized representative of a member VAL WINSTON SNIDER
Typed or printed name of signee

. ±ge 2 of 2

Filing Fee: \$25.00