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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	





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DIVISION OF CORPORATIONS

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SEP 18 2018

COVER LETTER

TO: Registration Se Division of Cor		y	
SUBJECT: SWAN	MANAGEMENT GROUP		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Keith Swanson		
		Name of Person	
	SWAN MANAGE	MENT GROUP, LLC	
		Firm/Company	
	19 Weiss Road		
		Address	
	Upper Saddle River		
	1. 1.1	City/State and Zip Code	
	E-mail address: (anmanagementgroup.com to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Keith Swanson		at (<u>813</u>) <u>317-8655</u>	
Name o	f Person	Area Code Daytime	: Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

	ANAGEMENT GROUP, LLC		
(Name of the Limited Liab (A Flor	ility Company as it now appear ida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	August 1, 2007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	ere:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the d	esignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	DRESS)		SEP SEE
Enter new mailing address, if applicable:		3335	7 AH 5
(Mailing address MAY BE A POST OFFICE BOX)			9 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	9	our records, enter	the name of the
New Registered Office Address:			
New Registered Office Address:	Enter Flor	rida street address	
New Registered Office Address:	Enter Flor	rida street address , Florida	Zip Code

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.

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SWANSON, MARY		Add
		19 WEISS ROAD UPPER SADDLE RIVER, NJ 07458	■ Remove
			Change
			Add
			Remove
			Change
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			□ Remove
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Effective date, if other than the date of filing: ———————————————————————————————————	if other than the date of filing: 8/1/2018 (optional)				
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Filing Fee: \$25.00