

FROM : LAZARUS

FILE NAME : 3852201.10

Jan 09 2009 05:25PM P1

https://efilesubiz.org/scripts/efilcovr.exe

L09000002345

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000006043 3)))



H09000006043ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

FILED  
09 JAN -9 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SWISSCO HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
09 JAN -9 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FROM : LAZARUS

FAX NO. : 3052201440

Jan. 09 2009 05:25PM P2

H09000006043

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
09 JAN -9 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SWISSCO HOLDINGS, 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 01/08/2009 and assigned Florida document number 109000002345.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(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:

MINA CAFARO DE RIOS

New Registered Office Address:

9725 NW 52 STREET # 517

(Enter Florida street address)

DORAL

(City)

Florida 33178

(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)

H09000006043

FROM : LAZARUS

FAX NO. : 3052201440

Jan. 09 2009 05:26PM P3

H09000006043

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	MINA CAFARO DE RIOS	9725 NW 52 STREET # 517 DORAL FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DECARO INVEST. PROPERTIES	9725 NW 52 STREET # 517 DORAL FL 33178	<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

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

Dated JANUARY 9, 2009

*Martha Cafaro*

Signature of a member or authorized representative of a member

MARTHA CAFARO

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

09 JAN -9 AM 8:32

FILED

H09000006043