



Florida Department of State

Division of Corporations Public Access System

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(((H09000223407 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

: LAZARUS CORPORATE ETLING SERVICE, INC. Account Name

Account Number: I20000000019 : (305)552-5973

Fax Number : (305)220-1440

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SWISSCO HOLDINGS, LLC

0
0
03
\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

FROM : LAZARUS

FAX NO. :3052201440

Oct. 15 1009 82:39PM P2

H09000223407 ARTICLES OF AMENDMENT

09 OCT 19 AM 8: 11

ARTICLES OF AMENDMENT

TO

SECRETARY OF STATE

ARTICLES OF ORGANIZATION

SECRETARY OF STATE

OF

Swissco Ho	oldings, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	01/08/2009	and assigned
Florida document numberL0900002345			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		- <u> </u>	,
			
Enter new mailing address, if applicable:	<u> </u>		·
(Mailing uddress MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	F	nter Florida street addi	7888
	City	, Florida	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

Page 1 of 2

FROM : LAZARUS

FAX NO. :3052201440

Oct. 19 2009 02:39PM P3

Type of Action

HO9000223407
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:

<u>Address</u>

MGR - Manager MGRM = Managing Member <u>Title</u> <u>Name</u>

MGRM	MINA CAFARO DE RIOS	9725 Nw 52nd street # 517 Doral_FL 33178	Add Z Remove
MGR_	MINA CAFARO DE RIOS	9725 NW 52 STREET # 517 Doral, FL 33178	∧dd Remove
MGR	MARTHA CAFARO	9725 NW 52 STREET # 517 Doral, FL 33178	Add Romove
			Add Remove
			Add Remove
			Addo FITIREMENT
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	19 A 8
			F STATE FLORIDA
Dated	September, 15 20	09	- -
	New Oc. Signature of a nember	or authorized representative of a member	
•	· MINA	CAFARO DE RIOS or printed name of signee	

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Filing Fee: \$25.00