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2012 JAN 17 AM 8: 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

JAN 18 2012

COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT:	SWFL Rentals & P	roperty Management,	LLC			
	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sundence concerning this matte	_				
		Christina C Kalkmann		_		
		Name of Person				
		Firm/Company		-		
521 SW 25th Lane			TAL	201		
Address		CRET	2012 JAN 17	77		
Cape Coral, FL 33914 City/State and Zip Code		ARY (
	Chri E-mail address: (stina@swfl-rentals.com to be used for future annual report not	ification)	OF STAT	AH 8: 43	
For further information co	oncerning this matter, please of	call:		ATE RIDA	: ω	
 	tina Kalkmann	at (239)	699-14662			
Name of	Person	Area Code & Daytii	me Telephone Numbe	er		
Enclosed is a check for th	e following amount:					
₹ 25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	ate of Stat		ed)

MAILING ADDRESS:

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

SWFL Rentals & Prope	erty Manageme	ent, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	on our records.			
The Articles of Organization for this Limited Liability Company	rticles of Organization for this Limited Liability Company were filed on		and assigned		
Florida document numberL0900049941					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here	:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compan	y," the designation	1 "LLC" or the ab	obreviation	
Enter new principal offices address, if applicable:			2012		
(Principal office address MUST BE A STREET ADDRESS)	521 SW 25th I	_ane	CRETT AHA		
	Cape Coral, F	L 33914	ASS -		
Enter new mailing address, if applicable:	521 SW 25th L	_ane	Y OF SI		
(Mailing address MAY BE A POST OFFICE BOX)	Cape Coral, F	L 33914	8: L3 TATE ORIDA		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ır records, <u>ente</u>	r the name of	the new	
Name of New Registered Agent:					
New Registered Office Address:	Ente	er Florida street d	address		
	, Florida				
· · · · · · · · · · · · · · · · · · ·	City		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

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 = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Christina C Kalkamann	521 SW 25th Lane Cape Coral, FL 33914	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	ZOIZ JAN 17 AM 8: 43 SEGRETARY OF STATE
Dated		2011 .	
	Signature of a memi	ber or authorized representative of a member	
		Carsten A Kalkmann	
		ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00