

L09000071209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

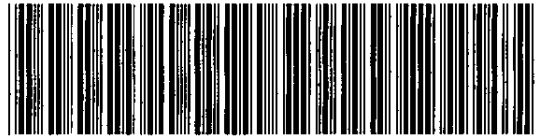
(Business Entity Name)

(Document Number)

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01/08/10--01019--016 **30.00

FILED
10 FEB 26 PM 3:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

AL. 01/08/10 FEB 26 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SWOOP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexander T. Smith
Name of Person

SWOOP LLC
Firm/Company

850 N Miami Ave
Address

Miami, FL 33136
City/State and Zip Code

asmith@swoopmiami.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Smith at (**813**) **368-6693**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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:
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2010

ALEXADER T SMITH
850 N MIAMI AVENUE
MIAMI, FL 33136

SUBJECT: SWOOP LLC
Ref. Number: L09000071209

We have received your document for SWOOP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 810A00000730

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SWOOP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/24/09 and assigned
Florida document number LD9000071209

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

90 SW 3rd STREET SUITE 3303

MIAMI, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

90 SW 3rd STREET SUITE 3303

MIAMI, FL 33130

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:

Alexander T. Smith

New Registered Office Address:

90 SW 3rd STREET SUITE 3303

Enter Florida street address

MIAMI

City

Florida

33130

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

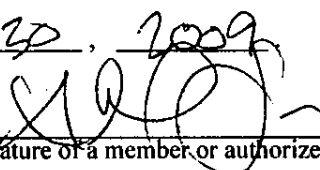
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Elvin R. Smith	1968 Ivanhoe St Denver, CO 80220	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Irmi Smith	1968 Ivanhoe St Denver, CO 80220	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Francesca Vassallo	2001 Biscayne Blvd apt 2307 Miami, FL 33137	<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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated December 30, 2009



Signature of a member or authorized representative of a member

Alexander T. Smith

Typed or printed name of signee