

L09000114521

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SULMARE LLC

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Electronic Filing Menu Corporate Filing Menu

T. HAMPTON

JUL 29 2010

EXAMINER
7/27/2010
07/28/2010 10:58:59 AM



July 28, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SULMARE LLC
20249 NE 16TH PLACE
MIAMI, FL 33179

SUBJECT: SULMARE LLC
REF: L09000114521

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

FAX Aud. #: H10000170621
Letter Number: 310A00018187

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Swimline 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 12/01/2009 and assigned Florida document number 109000114521

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 with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office 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:

New Registered Office Address:

(Enter Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature. If changing Registered Agents

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)

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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
MGR	Dejanis Marina	11666 Wilshire Street Hollywood FL 33020	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Damian Quera	2010 East Country Club Drive APT 8 Aventura FL 33180	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Date 07/20/2015

Signature of a member or authorized representative of a member

Marlene Dejanis
Typed or printed name of signor

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