

LO9000 119407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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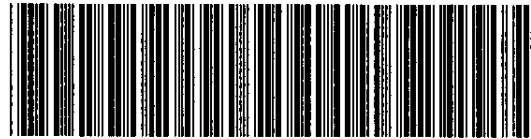
(Business Entity Name)

(Document Number)

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12 AUG 20 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
AND
MAILED

D. BRUCE

AUG 21 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWACARIOCA 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:

Billy Makedonsky
Name of Person
SWACARIOCA LLC
Firm/Company
14311 Biscayne Blvd.
Address
N. Miami Fl 33181
City/State and Zip Code
007vacation@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Billy Makedonsky at (619) 227-7551
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

APPROVED
AND
FILED

12 AUG 20 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

SWACABICA 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 June 10, 2010 and assigned Florida document number 209000119407.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SWACABICA LLC
14311 Biscayne Blvd.
D. Miami, FL 33181

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 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

APPROVED
AND
FILED

12 AUG 20 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	JoAnn Makevsky	4251 E. Nightingale Ln Gilbert Az 85298	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

1

Dated August 15, 2012

B. Makevsky
Signature of a member or authorized representative of a member
Billy Makevsky
Typed or printed name of signee

APPROVED
AND
FILED
12 AUG 20 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA