L1000042658

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		,		
:				

Office Use Only

B. KOHR

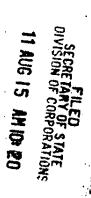
AUG 17 2011

EXAMINER



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08/15/11--01016--006 **25.00



COVER LETTER

TO: Registration S Division of Co			,	
SUBJECT:	SWFF Ir	vestments LLC		ON ISSE
	Name of Limi	ted Liability Company		No sign
The enclosed Articles o	f Amendment and fee(s) are sui	omitted for filing.		NESCONORS MORO
Please return all corresp	oondence concerning this matter	to the following:		TO BO
		· · · · · · · · · · · · · · · · · · ·		
		Name of Person		
	S	WFF Investments LLC		
		Firm Company		
	1520 Ro	oyal Palm Square Blvd. #3	320	
		Address		
	F	Fort Myers, FL 33919		
	-	City/State and Zip Code		
	nancyl 5-maii address: (eejohnson@nycap.rr.con to be used for future annual report no	ification)	
For further information	concerning this matter, please c	rail:		
	ancy Johnson	at (518)	371-9489	
Name	of Person	Area Code & Dayt	ime Telephone Number	
Enclosed is a check for	the following amount:			
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Statu ed) Certified Copy (additional copy is	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tailahassee, 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



SVVFF Investments LLC			
Liability Company as it now appears of Florida Limited Liability Company)	on our records.)		
		and assigned	
owing:			
f the limited liability company here:			
th the words "Limited Liability Company	"the designation "L	LC" or the abbreviation	
eable:			
T.ADDRESS)			
	<u> </u>		
<u>BOX</u> j			
or registered office address on our	records, enter t	he name of the nev	
Nancy Johnson	D #330		
Enter Florida street address			
		33919	
Cin [,]	1 101 1044	Zip Code	
	A Florida Limited Liability Company iability Company were filed on 2658 owing: f the limited liability company here: th the words "Limited Liability Company cable: ET. ADDRESS) for registered office address on our ffice address here: Nancy Johnson Johnson Johnson Johnson Fort Myers	owing: If the limited liability company here: the the words "Limited Liability Company," the designation "Leable: ET ADDRESS) For registered office address on our records, enter to enter the entered address here: Nancy Johnson So Entered 1520 ROYAL PALM SQ BLVD #320 Enter Florida street address in the provide street address in	

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 filled 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, 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>	Type of Action
MGR_	Dennis Rossman	1104 SE 46th Lane Cape Coral, FL 33904	Add Remove
MGR	Nancy L Johnson	Contrast Contrast Fort Myers, FL 33919	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ameno	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	- -
			
	^		-
Dated <u>N. U</u>	Many L Johnson	er or authorized representative of a member	
	Nancy L. Johnson	or authorized representative of a member d or printed name of signee	

Page 2 of 2

Filing Fee: S25.00