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11/24/10--01009--004 **25.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Chris SWeZy 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:
Chris Swezy Name of Person
Chris Swezy LLC
4233 Malden Ov.
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 2504 - 2209 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$\$\ \text{S60.00 Filing Fee, } \text{Certified Copy} \text{Certified Copy} \text{(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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida I	Company Limited Lia	as it now ap	pears on our r	ecords.			
,			. 1				
The Articles of Organization for this Limited Liability C	Company w	ere filed on	NOY, 2	, 201t) and a	ssigne	d
Florida document number <u>L10000 11361</u>	9		·				
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limi	ited liabili	ty company	here:				
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited	l Liability Co	ompany," the de	signation "L	LC" or the	e abbre	viation
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDR	RESS)			<u></u>			
Enter new mailing address, if applicable:							<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		e address	on our record	ls, <u>enter ti</u>	ne name	 4	e new
Name of New Registered Agent:						8	
New Registered Office Address:						V 2	17000000
			Enter Florida	ı street addr	essa		ÿ Serven
			, i	Florida		PM	₹ V. I
		City			Zp.Co	de ·	القنتها
New Registered Agent's Signature, if changing Registered	d Agent:				IDA A	<u> </u>	

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, 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>Address</u> **Type of Action Title** <u>Name</u> Remove ☐ Add ☐ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_

Page 2 of 2

Filing Fee: \$25.00