L10000113619

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AHASSEF, FLORI

J. BRYAN

DEC 15 2010

EXAMINER

TO: Registration Section Division of Corporations
SUBJECT: CHRS SWEZY LLC Name of United Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Swery Name of Person
CHRIS SWEZY LLC Firm/Company
4233 Malden Dr. Address
Sarasota, Fl 34241 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Swl74 at (941) 504-2269 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \] \[\text{S25.00 Filing Fee & Certificate of Status} \] \[\text{Certified Copy (additional copy is enclosed)} \] \[\text{Certified Copy (additional copy is enclosed)} \]

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

TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L10000113619</u> .	ere filed on Nov 1, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	l Liability Company," the designation "LLC" or the abbreviation
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)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
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 the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	e performance of my duties, and I am familiar with and ovided for in Chapter 608, F.S. Or, if this document is

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

Signature of a member of authorized representative of a member

12-2-10

Dated

Page 2 of 2

Filing Fee: \$25.00