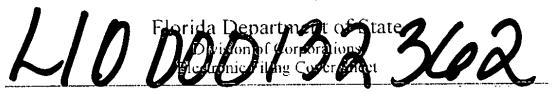
7/14/2017

Division of Corporations



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUSINESS SOLUTIONS BY CHERYL SWYMER, LLC

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COVER LETTER

	gistration Sec ision of Corp				
OF IS A CAME		olutions by Cheryl Swymer.	.LLC		
SUBJECT:		Name of Limi	red Liability Company		
			. i.		
The enclosed	d Articles of a	Amendment and fee(s) are sub-	nitted for filling.		
Please return	n all correspoi	ndence concerning this matter t	to the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.			
			Firm/Company		
		101 N. Brand Blvd., 11t	h Floor		
			Address	281 AL	
		Glendale, CA 91203		ARR & T	1
		cswy529@cox.net	City/State and Zip Code	SECRETARY OF ALLAHASSEE.	_
			to be used for future annual report notifi	cation) \square	_
For further	information c	oncerning this matter, please ca	dl:	enion A III 2	-
Cheyenne	Moseley		800 773-0888 ex	L 9724 DFT 2	
	Name o	f Person	Area Code Daytine	Telephone Numbar	
Enclosed is	a check for th	ne following amount:			
S25.00		☐ \$30.00 Filing Fee & Centificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. B	ING ADDRESS: eation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations	

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Business Solutions by Cheryl Swymer, LLC (Name of the Limited Limbility Co.)	mnany es it now soncers on on	r records
(A Florida Limi	ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa	any were filed on 12/30/20	and assigned
lorida document number 1.10000132362		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	<u>liability company here:</u>	
Theryl Swymer, LLC		
he new name must be distinguishable and end with the words "Limited	Liability Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		A POPULATION AND A POPU
Principal office address MUST BE A STREET ADDRESS	<u> </u>	AXSS II
		SST F
		→ >
Enter new mailing address, if applicable:		<u> </u>
Mailing uddress MAY BE A POST OFFICE BOX		発売 2 <u></u>
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address Name of New Registered Agent:	<u>here</u> :	
AT TO THE STORY A Addresses		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	City	Zip Code
and the second and the second and	•	
New Registered Agent's Signature, it changing Registered Av	ent:	
New Registered Agent's Signature, if changing Registered Agent and I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capac lete performance of my di as provided for in Chapte	er 605, F.S. Or, if this document is
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capac olete performance of my di as provided for in Chapte ffice address, I hereby con	er 605, F.S. Or, if this document is

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title	Name	Address	Type of Action
		nk	□ Remove
			Add
			☐ Remove
·			
			D Add 2 D Remove TALLAHAS
****		46	Add CRESCOVE
			Add
			☐ Remove
			□ Add
			□ Remove

I	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(T	ffective date, if other than the date of filing: (optional) he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated 6-24, 2017
-	Maril Sur -ce -
	Separative of a hember of authorized representative of a member
	Cheryl Swymer

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