

C11000066130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

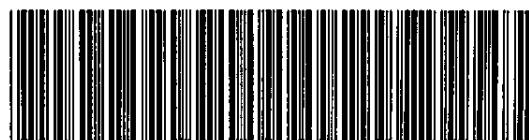
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 20 2014

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 20 PM 12:03

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SW Financial & Multi-Services, 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:

Sohanne Weston Moore

Name of Person

SW Financial & Multi-Services

Firm/Company

1789 Canova Street, Suite B

Address

Palm Bay, Florida 32909

City/State and Zip Code

swf3085@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sohanne Weston Moore at **754 422-1640**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SW Financial & Multi-Services, 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 06/07/2011 and assigned
Florida document number L11000066130

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SWM Financial & Multi-Services, L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1789 Canova Street,

Suite B

Palm Bay, FL 32909

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

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2011 MAR 20 PM 12:04
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE 17TH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA

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:

Sohanne Weston Moore

New Registered Office Address:

1789 Canova Street, Suite B

Enter Florida street address

Palm Bay

City

Florida 32909

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	Deon Moore	3085 Jupiter Blvd. #14	<input type="checkbox"/> Add
		Palm Bay, FL 32909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TRADE PRACTICES
 DIVISION

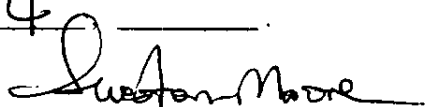
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The 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 03/12/2014



Signature of a member or authorized representative of a member

Sohanne Weston Moore

Typed or printed name of signee

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA