L110000 74526

(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE.
TALLAHASSEE, FLOWING.

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COVER LETTER

Division of Corp	porations							
SWEAT I	DELAND LLC							
	Name of Lim	ited Liability Company						
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspon	ndence concerning this matter	to the following:						
	CURTIS M. JOHNS							
		Name of Person						
	SWEAT DELAND LLC							
Firm/Company								
813-b #21 FLIGHTLINE BLVD.								
		Address						
	DELAND, FLORIDA 32	2738						
		City/State and Zip Code						
	cjohns187@gmail.com							
	·	to be used for future annual report notifi	cation)					
For further information co	oncerning this matter, please ca	all:						
CURTIS JOHNS		386 785-3420 at ()						
Name of	Person		Telephone Number					
Enclosed is a check for th	e 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)					

TO:

Registration Section

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

	ELAND LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now app Liability Compan	pears on our records.)	
The Articles of Organization for this Limited L Florida document numberL11000074526	<u> </u> •	were filed on	June 27, 2011	and assigned
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name of	f the limited liab	ility company	here:	
n/a				
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," th	ne designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	n/a		
(Principal office address MUST BE A STREE	ET ADDRESS)		.,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	/or registered of		on our records,	enter the name of the nev
Name of New Registered Agent:	CURTIS M. J	OHNS		
New Registered Office Address:		Enter	Florida street address	DEC 22 /
		City	, Flori	ida — Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	•		PATE ORID
I hereby accept the appointment as registered provisions of all statutes relative to the prop				

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DIANE SHADGETT	32223 BLACKWATER OAKS DR	
		EUSTIS, FLORIDA 32736	Remove
			Change
MGMR	DAVID TULLY	108 S. STONE STREET	
		DELAND, FLORIDA 32720	■ Remove
			Change
MGMR	CURTIS M. JOHNS	813-B #21 FLIGHTLINE BLVD.	⊟ Add
		DELAND, FLORIDA 32724	☐ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			□ Remove
			Change

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CURTIS M. JOHNS										
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Page 3 of 3

Filing Fee: \$25.00