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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	⇒ #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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J. BRYAN

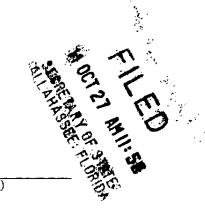
OCT 28 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJE				
0000	<u> </u>		SHACK FLA, LLC ited Liability Company	
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
ELISSA DUBBERLY				
			Name of Person	
SWAMP SHACK FLA, LLC				
			Firm/Company	
PO BOX 74				12 C
			Address	
		ſ	PIERSON, FL 32180	OCI 21 MIII: SA
		-	City/State and Zip Code	
		E-mail addrage: (lgdubb@aol.com to be used for future annual report notification	otion)
For furt	her information	concerning this matter, please of	•	actori,
		ssa Dubberly	""	49-4650
	Name o	of Person	Area Code & Daytime	Telephone Number
Enclose	ed is a check for t	he following amount:	٠.	
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 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		ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SWAMP SHAC	CK FLA, LLC	(a)
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.)	200
(A Florida Limited Li	lability Company)	7
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L11 0000 899</u> 79	' '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
NIA		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LI	C" 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)	1/ A	
· · · · · · · · · · · · · · · · · · ·	// //	
		-
B. If amending the registered agent and/or registered off		e name of the new
registered agent and/or the new registered office address here	•	
	. /	
Name of New Registered Agent:		
New Registered Office Address:	$\overline{}$	
	lEnter Flofida street þiddið	ess.
	, Florida	
	City	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 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>Title</u> <u>Name</u> <u>Address</u> **Type of Action** MGR Kenneth Parrish 1082 George Anderson Street Ormond Beach, FL 32174 Remove ☐ Add Remove Add __ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 20 2011 Dated _____ Signature of a member or authorized representative of a member Elissa Dubberly Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00