L12-00069667

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT.	MAIL
· (Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700256434727

02/10/14--01010--016 **25.00

2014 FEB 10 PH 1: JE

FEB 1 1 2014 T CLINE

COVER LETTER

TO:	Registration Sec Division of Corp			
CHDI	5 W	AP A JE	RSEY, LLC.	
SUBJE		Name o	OSEY, LLC.	
The en	closed Articles of A	mendment and fee(s) ar	e submitted for filing.	
Please	return all correspon	dence concerning this m	natter to the following:	
		LARR	Name of Person	
			Name of Person	
		SWAP	A JERSEY, LLC. Firm/Company	20 13.5
			Firm/Company	
		21301 P	ONERLINE ROAD # 10 Address	2014 FEB 10
			Address	
		BOCA	City/State and Zip Code RECAR WELS RECALEGA	= <u>=</u>
			City/State and Zip Code	
			ress: (to be used for future annual report notification)	LECOM
For fur	ther information co	ncerning this matter, ple		
LA	RRY WE	1513626	at (561) 367 7355 Area Code Daytime Telephone Number	
	Name of	Person	Area Code Daytime Telephone Number	
Enclos	ed is a check for the	e following amount:		
\$ 2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Stat	tus Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &
	Registra	NG ADDRESS: tion Section of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations	
÷	P.O. Box		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301 ····

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWAP A J C (Name of the Limited Liability (A Florida L	Company as it now app imited Liability Compan	oears on our records.) y)		_	
The Articles of Organization for this Limited Liability Con Florida document number 120000696	mpany were filed on	5/23/12	and	l assigne	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company	here:			
The new name must be distinguishable and end with the words "Limit	ted Liability Company,"	the designation "LLC" or the a	bbreviatio	m "L.L.C	1 33
Enter new principal offices address, if applicable:			<u>≥</u> ç	20	
(Principal office address MUST BE A STREET ADDRE	<u></u>			-17	••
			73	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4 ',
			77	0	
Enter new mailing address, if applicable:				H 6	1 4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)					,
			الم الم	ē	
B. If amending the registered agent and/or registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:		on our records, enter	the nar	ne of t	the new
New Registered Street Hadiess.	Enter I	Florida street address			
		Florida			
	Ciţv		Zip Co	ode	
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nplete performance	of my duties, and I am f	amiliar (with an	nd

If Changing Registered Agent, Signature of New Registered Agent

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 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> Address **Type of Action** MERM ROBERT GROBSTEIN 6358 AVALON POINTE COURT BOOR RATED FL 33496 Remove □ Add ☐ Remove 🗀 Add ☐ Remove ☐ Remove

ctive date, if other than the date of filing: flective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) Signature of a member or authorized representative of a member LARRY WEINBERG Typed or printed name of signee		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	LIVE	date, if other than the date of filing: (optional)
LARRY WEISBERG	late thi	s document is filed by the Florida Department of State)
	late thi	s document is filed by the Florida Department of State) FEBURARY 4, 2014
Typed or printed name of signee	date thi	Signature of a member or authorized representative of a member
	date thi	Signature of a member or authorized representative of a member
	date thi	Signature of a member or authorized representative of a member
	date thi	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00