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PICK-UP	☐ WAIT	MAIL
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Amend



NOV -6 2015 N. CAUSSEAUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Swallow Vacation Homes LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on July 01 2014	and assigned
Florida document number L 12000078964		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation, "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20 5
		2
	•	650 W
Enter new mailing address, if applicable:		2 11
(Mailing address MAY BE A POST OFFICE BOX)		
		REAL STATES
D. If amonding the magictaned agent and/or registered at	Was adduses on our resource	P
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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 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	<b>Type of Action</b>
AMBR	Joanne Doolan	N56W6765 Center St	
		Cedarburg	<b>■</b> Remove
		WI 53012	☐ Change
MBR	Timothy Doolan	1101 Miranda Lane	
		Kissimmee	■ Remove
		FL 34741	☐ Change
AMBR	Daniella Ferreira	1101 Miranda Lane	Add
		Kissimmee	□ Remove
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		Signature of a member or authorized represe	entative of a member	

Page 3 of 3

Filing Fee: \$25.00