

L12000079737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

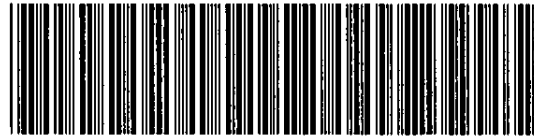
(Business Entity Name)

(Document Number)

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12 JUN 29 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 2, 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2012

WILSON D. AYALA, III / AYALA LAW FIRM, PLLC
P.O. BOX 320926
TAMPA, FL 33679-2926

SUBJECT: 3117 SWANN, LLC
Ref. Number: L12000079737

We have received your document for 3117 SWANN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 312A00017128

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3117 Swann, 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:

Wilson D. Ayala, III

Name of Person

Ayala Law Firm, PLLC

Firm/Company

P.O. Box 320926

Address

Tampa, FL 33679-2926

City/State and Zip Code

wayala@ayalalawfirm.com

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

For further information concerning this matter, please call:

Wilson D. Ayala, III

Name of Person

at (813)

416-6060

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

12 JUN 29 PM 3: 32

3117 Swann, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 6/15/2012 and assigned
Florida document number L12000079737.

This amendment is submitted to amend the following:

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

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

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)

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:

New Registered Office Address:

Enter Florida street address

, 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

3117 Swann, LLC

Title	Name	Address	Type of Action
Mgrm	Ben Gelston	701 Mirror Lake Drive North Ste 403 St. Petersburg, FL 33701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ben Gelston	701 Mirror Lake Drive North Ste 403 St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated June 18, 2012

Wilson D. Ayala, III

Signature of a member or authorized representative of a member

Wilson D. Ayala, III

Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE

12 JUN 29 PM 3:33

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