

L12000121363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

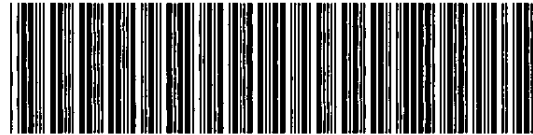
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EXAMINER



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FILED
12 NOV 21 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SW Florida Investment Group 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:

Cindy L. Watson
Name of Person
SW Florida Investment Group LLC
Firm/Company
2733 Oak Ridge Court ; Suite 103
Address
Fort Myers, Florida 33901
City/State and Zip Code
pelican care 10@gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
TALLAHASSEE, FLORIDA
12 NOV 21 PM 5:04

For further information concerning this matter, please call:

Cindy L. Watson at (239) 694-0004
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SW Florida Investment Group LLC
(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 09-24-2012 and assigned
Florida document number 212000121363.

This amendment is submitted to amend the following:

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

N/A

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)

2733 Oak Ridge Court
Suite 103
Fort Myers, Florida 33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2733 Oak Ridge Court
Suite 103
Fort Myers, Florida 33901

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:

Cindy L. Watson

New Registered Office Address:

2733 Oak Ridge Court, Suite 103
Enter Florida street address

Fort Myers, Florida 33901
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>	<u>Type of Action</u>
MGR	Jean Baptiste Lamour	1812 Lead Avenue	<input checked="" type="checkbox"/> Add
		Immokalee, FL 34142	<input type="checkbox"/> Remove
MGR	Anne Borno	2733 Oak Ridge Court	<input checked="" type="checkbox"/> Add
		Suite 103	<input type="checkbox"/> Remove
		Fort Myers, FL 33901	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Elvina Pierre	865 Chantilly Street E.	<input checked="" type="checkbox"/> Add
		Lehigh Acres, FL 33974	<input type="checkbox"/> Remove
MGR	Sherlie Cetoute	4006 SW 20 th Avenue	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33914	<input type="checkbox"/> Remove
MGR	Pierre E. Jean-Philippe	8201 Silver Birch Way	<input checked="" type="checkbox"/> Add
		Lehigh Acres, FL 33971	<input type="checkbox"/> Remove

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:

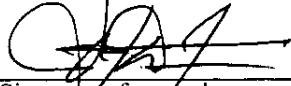
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Odye Tisor	5206 Bygone Street	<input checked="" type="checkbox"/> Add
		Lehigh Acres, FL 33971	<input type="checkbox"/> Remove
MGR	Margolite Joseph	2305 Killearn Center Blvd	<input checked="" type="checkbox"/> Add
		#76	
		Tallahassee, FL 32309	<input type="checkbox"/> Remove
MGR	Andris Josius	3002 35th Street SW	<input checked="" type="checkbox"/> Add
		Lehigh Acres, FL 33976	<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 November 13, 2017



Signature of a member or authorized representative of a member

Codye Tignor

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00