L12011136960

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
	_	
(Do	ocument Number)	·
Certified Copies	_ Certificates	s of Status
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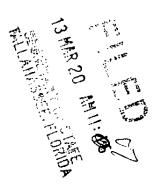


March 6, 2013

JOSH GIBSON 9033 FRANK ROAD FORT MYERS, FL 33967

SUBJECT: SWFL SOFTWARE SOLUTIONS, LLC

Ref. Number: L12000136960



We have received your document for SWFL SOFTWARE SOLUTIONS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Amendment form must be signed.

Please have a Member or authorized representative sign on the last page.

Please return 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.

Buck Kohr Regulatory Specialist II

Letter Number: 313A00005391

COVER LETTER

TO: Registration Section
Division of Corporations

SWFL SOFTWARE SOLUTIONS, 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:

josh gibson
Name of Person
Firm/Company
9033 frank rd
Address
fort myers FL 33967
City/State and Zip Code
gibsonj004@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

josh gibson

, 239, **4103695**

Name of Person

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

COVER LETTER

TO:

Registration Section **Division of Corporations**

SWFL SOFTWARE SOLUTIONS, LLC

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For further information concerning this matter, please call:

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_{at (}239₎4103695

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□ \$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

SWFL SOFTWARE SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

New Degistered Agent's Signature if shanging Degister	nod Agent:	
	City	, Florida Zip Code
	Enter F	lorida street address
New Registered Office Address:	r . r	71 1
Name of New Registered Agent:		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the new
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
	<u> </u>	
(Principal office address MUST BE A STREET ADD	ORESS)	<u></u>
Enter new principal offices address, if applicable:		
Training Box TV LLC The new name must be distinguishable and end with the w "I.I.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
A. If amending name, enter the new name of the lin	mited hability company nere:	
	mitad liabilitu aammanu bana.	
This amendment is submitted to amend the following:		P
Florida document number L12000136960	·	
The Articles of Organization for this Limited Liability	Company were filed on 10/29/	2012 and assigned
	40/20/	2042

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>	Name	Address	Type of Action
mgrm	Michael Bronson Taylor	27592 Big Bend Rd. Bonita Springs, FL 3413	4 📝 Add
			Remove
mgrm	Lucas Taylor	132 Yorkshire Drive Lawrenceburg, KY 4034	2 Add
			Remove
mgrm	GIBSON, JOSH R	9033 FRANK RD FORT MYERS FL 33967	Add
			Remove
mgrm	SWFL JRG, LLC	9033 FRANK RD FORT MYERS FL 33967	Add
			Remove
<			Add
\			Add
			Remove

D. If ame	ending any other info	rmation, enter change(s) here: (Attach additional sheets, if necess	isary.)
• • • • • • • • • • • • • • • • • • • •	• • •	•	
	•		
-			
-			
_			
Dated 2-	·20	2013	
Dated		and Dilan	
		Signature of a member or authorized representative of a member	
	josh gibson	Josh Gibson Typed or printed name of signee	
		Page 3 of 3	

Filing Fee: \$25.00