Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

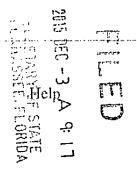
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SISHIN SANDS POINT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	Section 1
	SISHIN SANDS POINT, LLC	7.81 A
(Name of the Limi	led Liability Company as it now anuca (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited L Florida document number	iability Company were filed on 12	2/26/2012 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company h	erc:
SWAMPCHAMP INVESTMENTS, LLC		
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the c	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the new
	•	
Name of New Registered Agent:	Juan C. Viliaveces	
New Registered Office Address:	240 S. Pineapple Ave., 10th F	
	Enter Flo	rida street address
	Sarasota	, Florida 34236
	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

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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 = M $AMBR = A$	lanager . .uthorized Member		
Title	Name	Address	Type of Action
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			☐ Change
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			□ Remove
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