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COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: SWFL International Properties, 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:
Any Goorsky Name of Person Swa International Properties UC Firm/Company
13379 McGregor Blud. #2
City/State and Zip Code brad hecozzateam. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brack Cozza at (239) 822 - 2833 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Stat

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

	NATIONAL PROPERTIES LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number \(\(\(\L\)\) 1300005195		2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	78
		A SH TI
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the design	gnation "ELC" or the abbreviation
Enter new principal offices address, if applicable:		R M
(Principal office address MUST BE A STREET ADL	DRESS)	<u>ූ පූ ර</u>
		9m N
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
	, FI	orida
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member			
<u>Title</u>	Name	Address	Type of Action
MS.	Amy Goorsky	13379 HCAregor Blud #2 Fort Hyers, FL 33919	_ 🔀 Add
ingrir (U	Forthycrs, AZ 33919	Remove
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Ifame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Signature of a member of authorized representative of almember
	Brad Cozza printed name of signee Any Goorsh
	Page 3 of 3

Filing Fee: \$25.00

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