# L13000005195

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B. BOSTICK 0CT - 9 2013

**EXAMINER** 

# **COVER LETTER**

SUBJECT: SW	Name of Limi	Moral Properties  ited Liability Company	,UC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	SWFL 1	nternational Pro	operties, LLC
	13379 MCB	regor Blud. #2_	
	Fort Myers,	FL 33919 City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notificat	
For further information c	oncerning this matter, please c	all:	502 t
Brad Co	120		
Name o		Area Code & Daytime To	elephone Number
Enclosed is a check for the	ne 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)

TO:

Registration Section **Division of Corporations** 

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Talfahassee, 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 FL Internat		· LLC
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears rida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on	0/2013 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	TA. 26
		<u> </u>
Enter new mailing address, if applicable:		11 SSS 1 8 11 11 11 11 11 11 11 11 11 11 11 11
(Mailing address MAY BE A POST OFFICE BO	<u></u>	-1 T
		<u> </u>
		<u> </u>
B. If amending the registered agent and/or r		r records, enter the name of the new
registered agent and/or the new registered office	address nere:	
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 <u>Title</u> <u>Name</u> **Address Type of Action** 13379 M Gregor Blvd #2 1 Add FHyers, FL 33919 XRemove Remove Remove

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
ated	·
	Signature of anyember or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

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Filing Fee: \$25.00