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D. SCOTT  
AUG 25 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SWANS MANAGEMENT, 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:

Jerome W. Vogel, Jr., Esq.

\_\_\_\_\_  
Name of Person

Vogel Law

\_\_\_\_\_  
Firm/Company

1526 NE 7th Street

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33304

\_\_\_\_\_  
City/State and Zip Code

jwv@vogellawfl.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerome W. Vogel, Jr., Esq.

954 703-4426  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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

FILED  
17 AUG 23 PM 1:57  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SWANS MANAGEMENT, 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 04/23/2013 and assigned  
Florida document number L13000059614.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

1526 NE 7th Street

**(Principal office address MUST BE A STREET ADDRESS)**

Fort Lauderdale, FL 33304

**Enter new mailing address, if applicable:**

1526 NE 7th Street

**(Mailing address MAY BE A POST OFFICE BOX)**

Fort Lauderdale, FL 33304

**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:

New Registered Office Address:

1526 NE 7th Street

*Enter Florida street address*

Fort Lauderdale

*City*

Florida

33304

*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

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 15.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated August 21, 2017

Susan L Vogel

Signature of a member or authorized representative of a member

Susan L. Vogel

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

Pursuant to 05.0207 (3)  
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