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COVER LETTER

TO:

	Registration Sec Division of Corp				
	Swann 3705	LLC			
SUBJEC	T:	Name of Limi	Name of Limited Liability Company		
		Amendment and fee(s) are submodence concerning this matter t			
rlease rei	um an correspor	Joseph N. Stagliano	o the following.		
			Name of Person		
		Swann 3705 LLC		2022 JUE	
			Firm/Company	5 S	
		4206 W culbreath Ave ven	ue		
			Address	 :: 앞	
		Tampa FL 33609			
		joestagliano@outlook.com E-mail address: (1	City/State and Zip Code to be used for future annual report notificat	ion)	
For furth	er information co	oncerning this matter, please ca			
Joseph N	V. Stagliano		813 507-6413 at ()		
	Name o	f Person	Area Code Daytime Te	lephone Number	
Enclosed	l is a check for th	ne following amount:			
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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		Section Corporations 27	Street Address: Registration Section Division of Corpoon The Centre of Tall 2415 N. Monroe Social Tallahassee, FL 32	rations lahassee street, Suite 810	

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

Swann 3705 LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on July 12th, 2022		and as	signed
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbrev	iation "l	.,L.C."
Inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		• • •	503	
		i -ci	(,
		7	32 =	,
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)			÷:	
		;	<u> </u>	
		•	£	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of	the ne	w regis
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida street address			
	Emer i wriau sweet uaaress			
	, Florid		Zip Code	
	City	7	sip 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 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>	Address	Type of Action
AMBR	Rena W. Stagliano	4206 W Culbreath Ave, Tampa FL 33609	□Add
			Remove
			□Change
			□Add
			□Remove
		······································	Change Change
			Add T
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Typed or printed name of signee