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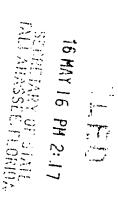
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MAY 17 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Propagate Properties of SWFL 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:
Daniel Tavanese Name of Person
Pineapple Properties of SWFL LCC.
1109 SE 231d Ter Address
Cape Coral FL 33990 City/State and Zip Code Cantavanese O vahoo. com E-mail address: (to be used for future/annual report notification)
For further information concerning this matter, please call:
Dan lavanese at (239) 246 - 7486 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$\$\$\$\$\$ 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pineapple Properties of SWF (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we		
Florida document number <u> </u>	• •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ee address on our records,	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address . Flor i	ida B
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe		

If Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action Address Title** <u>Name</u> 1109 SE 23rd Ter Cape Coral, Fl 33990 Jody Tavanese **X** Remove ☐ Change □ Add □ Remove _□ Change □ Remove □ Change □ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or lote: If the date inserted in this block does not meet the applicable statutory fili	more than 90 days after filing.) Pursuant to 605.02 ing requirements, this date will not be listed
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective	time at 12:01 a.m. on the earlier
The 90th day after the record is filed.	time, at 12.01 a.m. on the came.
$\frac{5-11-16}{}$,	
Signature of a member or authorized representative	ve of a member

Page 3 of 3

Filing Fee: \$25.00