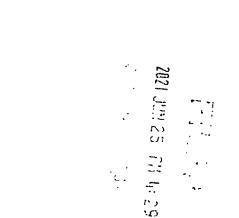
L13000121867

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: FRES		CBUC RELATION (Ited Liability Company	ONS LLC
	Amendment and fee(s) are subr		
Please return all correspo	ondence concerning this matter t	to the following:	
	SAMANTHA	WHITTAKER Name of Person	
		Firm/Company	
		i iniveolopasy	
	2045 BIS	CANNE BLVD. Address	
	MIAMI, FL	33137 City/State and Zip Code	2821 J.
	SAM @ SAM	ANTHAMHITTAI	KER. COM S.
For further information e	oncerning this matter, please ca	·	caron)
~			·. ` №
AMANTHA Name o	WHITTAKER	at (<u>305)</u> 330 - Daytime	Telephone 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)
Mailing Addres Registration S		Street Address: Registration Sec	tion
Division of C	orporations	Division of Corp	oorations
P.O. Box 632	7	The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRESH IMAGE PUBLIC RELATIONS 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 AUGUST 28th 2013 and assigned Florida document number <u>L13000121867</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SW GLOBAL VENTURES LLC 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: (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 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: Enter Florida street address _, Florida _ City

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>	Address	Type of Action
			□Remove
			□ Change
			□Add
			☐Remove
			C CE DGhange
			☐Add ☐Remove
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tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filir. If the date inserted in this block does not meet the applicable statutor nent's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.0 y filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 iled.	a.m. on the earlier of: (b) The 90th day after
2021 2021	
Signature of a member or authorized represe	

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Filing Fee: \$25.00