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TO: Registration Section Division of Corporations

SWED Properties, LLC

SUBJECT:

Name of Limited Ltability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jody D Radeliff CPA, LLC

Jody D Radcliff CPA, LLC

Finn/Company

Name of Person

870 Dunlawton Avenue Suite #309

Address

Port Orange, Florida 32127

City/State and Zip Code jody.radeliff@jodyradeliffcpa.com

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

For further information concerning this matter, please call:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWED Properties, LEC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of	f Organization for this Limited Liability Company were filed	on 12/06/20	and assigned
	E 12000 L 0700		

Florida document number L13000169709

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 "LLC."

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	l/or registered office address on our	records, <u>en</u>		20 ang of	the new
registered agent and/or the new registered of	office address here:		1 And And	EC	
Name of New Registered Agent:	Jody D Radchff CPA, LLC		19 19 19	26	
New Registered Office Address:	870 Dunlawton Avenue Suite #309			N.N.	
	Enter Florida stree	et address	20	- 	
	Port Orange	, Florida	3277	σ	
	Ciņ			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

Page 1 of 3

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

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<u>Title</u>	Name	Address	Type of Action
			🛛 Add
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			П Кетоус
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			NE CONTACTOR
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			Change
		s.	O Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,	h additional sheets of necessary (
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

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	Signature of a member or authorized representative of a member
	Signature of a member
	Roger Johansson
	Typed or printed name of signee

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Filing Fee: \$25.00