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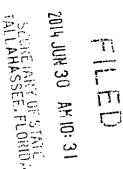
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K.SALY EXAMINER JUL 17 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SWILL BOW COS 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:
Ricki Kozlowsky
Swilly Bowlegs LC
1000 Bayview Avenue
Panama City Florida 32401 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ricki KDZ LOWSKY at (850) 532-5905 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\begin{align*} \text{Solo} \text{Filing Fee} \text{ \$\text{Solo} \text{Filing Fee} \text{ \$\text{Certified Copy} \ (additional copy is enclosed)} \end{align*} \text{Solo} \text{Filing Fee} \text{ \$\text{Certified Copy} \ (additional copy is enclosed)} \end{align*} \text{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

FILED

2014 JUN 30 AM 10: 31

SECRETARY OF STATE
ALLAHASSEE, FLORID.

Swill ed 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 1 Florida document number L14 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 end with 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/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: Florida

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

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If amending any other information, enter change(s) here: (Attach a	dditional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cathe date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
Dated June 25, 2014.	
RICRO KOSLOWSKY	
Signature of member or authorized represer	ntative of a member
Typed or printed name of sig	nee

Page 3 of 3

Filing Fee: \$25.00