

L 14000050743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

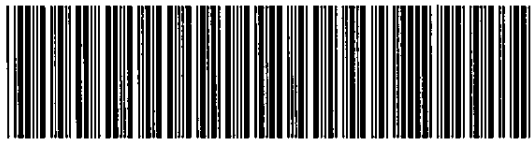
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR - 2 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SWEDROE & SWYSS BUILDERS AND DESIGN 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:

MIREYA MURGA

Name of Person

Firm/Company

7290 NW 114TH AVE #312

Address

DORAL FL 33178

City/State and Zip Code

MIREYAMURGA@HOTMAIL.COM

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

For further information concerning this matter, please call:

MIREYA MURGA

at (**786**) **376-9643**

Name of Person

Area Code

Daytime Telephone Number

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

SWYSS IMPORT & EXPORT LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/27/2014 and assigned Florida document number L14000050743.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SWEDROE & SWYSS BUILDERS AND DESIGN LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3700 PRAIRE AVENUE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH FL 33140

Enter new mailing address, if applicable:

7290 NW 114TH AVE #312

(Mailing address MAY BE A POST OFFICE BOX)

DORAL FL 33178

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:

MIREYA MURGA

New Registered Office Address:

7290 NW 114TH AVE #312

Enter Florida street address

DORAL

City

Florida 33178

Zip 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARC SWEDROE	3700 PRAIRE AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI BEACH FL 33140	<input type="checkbox"/> Remove
MGR	JUAN FERNANDO SANDOVAL	3200 NORTH JOG RD APT.5207	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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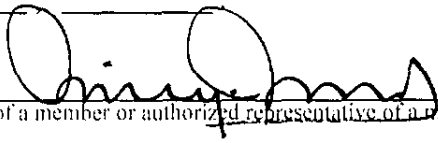
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 REGISTERED CLERK
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 7TH 2015



Signature of a member or authorized representative of a member

MIREYA MURGA

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA