

L14000045382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

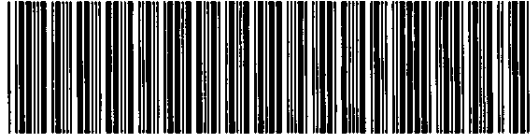
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2015
502 TT JRS
CLERK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SWIFT SOLUTION ATLANTIC 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:

KARINA UGALDE

Name of Person

KAUGAL PROFESSIONAL SERVICES INC

Firm/Company

2639 N RIVERSIDE DR 706

Address

POMPANO BEACH FL 33062

City/State and Zip Code

kuorm@yahoo.com

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

For further information concerning this matter, please call:

KARINA UGALDE

954

562-5708

Name of Person

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SWIFT SOLUTION ATLANTIC 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 04/22/2014 and assigned
Florida document number L14000065382.

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 "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)

2639 N RIVERSIDE DR 706

POMPANO BEACH FL 33062

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:

KAUGAL PROFESSIONAL SERVICES INC

New Registered Office Address:

2639 N RIVERSIDE DR 706

Enter Florida street address

POMPANO BEACH

City

Florida 33062

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 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>	<u>Address</u>	<u>Type of Action</u>
P	LIVEROV, VALERII	2639 N RIVERSIDE DR 706	<input type="checkbox"/> Add
		POMPANO BEACH FL 33062	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
GMGR	MINAIEV, IGOR	2639 N RIVERSIDE DR 706	<input type="checkbox"/> Add
		POMPANO BEACH FL 33062	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CFO	UGALDE, KARINA	2639 N RIVERSIDE DR 706	<input checked="" type="checkbox"/> Add
		POMPANO BEACH FL 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
OPMGR	SHADJALILOV, KASIMJAN	13191 SW 28TH STREET	<input checked="" type="checkbox"/> Add
		MIRAMAR FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 (3)(b))

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Dated SEPTEMBER 8, 2015

Signature of a member or authorized representative of a member

Typed or printed name of signee