(Re	equestor's Name)	1
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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K.SALY EXAMINER SEP 28 2015

COVER LETTER

Division of Corp	oorations			
CUB IDOT	SWIFT SOLUT	ION ATLANTIC LLC		
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		KARINA UGALDE		
		Name of Person		
	SWIFT	SOLUTION ATLANTIC LLC		
		Firm/Company		
	19	90 NE 163 STREET #236		
		Address		
	NORTI	H MIAMI BEACH FL 33162		
		City/State and Zip Code	· .	
		orm@yahoo.com		
	E-mail address: (to be used for future annual report notific	ation)	
For further information co	oncerning this matter, please ca	all:		
KARINA	UGALDE	954 562-5708 at ()		
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	e 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:

TO:

Registration Section

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
2015 SEP 24 AMII: 55
TALLAHASSEE, FLORIDS

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 Florida document numberL14000065382	were filed on	04/22/2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company hei	<u>re</u> :	
N/A			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	signation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:	1990 NE 163 S	TREET #236	_
(Principal office address MUST BE A STREET ADDRESS)	NORTH MIAN	MI BEACH FL 33162	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1990 NE 163 STREET #236 NORTH MIAMI BEACH FL 33162		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: N/A	ffice address on e:	our records, <u>enter</u>	the name of the r
New Registered Office Address:			
	Enter Florie	da street address	
	City	, Florida	Zip Code

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 or removed	nding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added oved from our records:			
MGR = M	ć 1		FILED 2015 SEP 24 AM 11: 55	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE FALLAHASSEE, FLORIDA	Type of Action
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				□ Remove
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effective	ate, if other than the date of date is listed, the date must be spe	cific and cannot be prior	to date of filing or mo	re than 90 days after filing	;.) Pursuant to 605.02
<u>te:</u> If the	date inserted in this block doe effective date on the Department	es not meet the applica	ble statutory filing	requirements, this date	will not be listed
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Page 3 of 3

Filing Fee: \$25.00