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COVER LETTER

Registration Section Division of Corporations (hANGE Names 36 LLC SUBJECT: NEW Name) SWFIRN CASE MANAGE MENT, LLC Name of Limited Liability Company (DID Name) NAPIES Professional Guardian & Case Manag (Discontinue) NAPIES Professional Guardian & Services LLC The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Name of Person
Name of 1 classic
Firm/Company
15109 Anchorage Rd.
Punta Gorda F1. 33982 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 404-1548 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: Solution Status Status

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAPIES Professional Guand (Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records.) ty Company)	Management Services, LLC
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 1400088874</u>	e filed on $6/3/2014$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability SWFIRN CASE MANAGEMENT The new name must be distinguishable and contain the words Limited Liability C	company here: LC ompany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		F3
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		<u>. : : : : : : : : : : : : : : : : : : :</u>
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	ida

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.

City

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(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 a e inserted in this block does not meet the applicable statutory filing requirements, this date will not be a ctive date on the Department of State's records.	505,020 isted a
he record specifies ord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter th
DatedAw	gust 19 & , 2024. Kathyn Baranski. Signature of a member or authorized representative of a member	_
	Signature of a member or authorized representative of a member	-

TO: Registration Section Division of Corporation of Corporation of Corporation (Corporation Corporation Corporatio	ations $\mathcal{L}_{i} \cap \mathcal{C}_{i}$		
(MAN JO	me \ QUEL K	N CASE MAN	agement, LLC
SUBJECT: NEW NO	Name of Limited	d Liability Company	1 a maglime
LOIDISCON	me) Naples P	rofessional Gua	Agement, LLC ndian : Case Management Services LLC
The enclosed Articles of Am	endment and fee(s) are submi	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
		Name of Person	
		Firm/Company	
	(T:00 A. 1060	cock Rd	
	15109 Ancho	Address	
	Punta Gorda	F1. 33982 City/State and Zip Code	
		b Ar (a) C DMC AST, N o be used for future annual report notifi	et
	E-mail address: (to	o be used for future annual report notif	ication)
For further information cor	ncerning this matter, please ca		
Joyhova RA	RANSKI Person	at (239) 404	4-1548
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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		<u>Street Address:</u> Registration So	ection
Registration S Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	Tallahassee
Tallahassee, I		2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

NAPIES Professional Gua (Name of the Limited Liability Compan (A Florida Limited Li	ndian am y as it now appears (ability Company)	d CASE	Manuagement Services, LLC
The Articles of Organization for this Limited Liability Company v Florida document number <u> </u>	vere filed on	13/201	4 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here	<u>e</u> :	
SWFI RN CASE MANAGEMENT The new name must be distinguishable and contain the words Limited Liabili	ty Company," the des	ignation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u></u>
(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 agent and/or the new registered office address here:	address on our re	cords, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida street address	
	City	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this of e performance of provided for in O	my auties, an Chapter 605, 1	F.S. Or, if this document is
If Cha	anging Registered Ag	ent, <u>Signature</u> o	f New Registered Agent

<u></u>	
Note: If the da	if other than the date of filing:
ne record specific ord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	gust 19 & , 2024. Lathyn Baranski Signature of a member or authorized representative of a member
	KATHRYN BARANSKI Typed or printed name of signee

Filing Fee: \$25.00