# L14000089819

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(Cit	ty/State/Zip/Phone	ə #)
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 3715 SWANN, 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:		
DANIEL D. WHITAKER, ESQ.  Name of Person		
CAREY, O'MALLEY, WHITAKER & MUELLER, P.A.	-	
712 S. OPEGON AVENUE Address	-	
TAMPA, FL 33(00(c)) City/State and Zip Code .	-	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
DANTEL D. WHITAKER at (813 ) 250-0577		
Name of Person Area Code Daytime Telephone Number	TASS 291	
Enclosed is a check for the following amount:	2016 APR 1 SECRETAL	7
(additional copy is enclosed) Certified	ate of Status &	
	, p> 0.	

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building. 2000.2001 Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3715 SWANN, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.  iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400089819</u> .	were filed on <u>6/04/14</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the nev
Name of New Registered Agent:		TALLAH
New Registered Office Address:	Enter Florida street address	SSA TIT
New Registered Agent's Signature, if changing Registered Agent:	City	Ti Zip Code O
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I an provided for in Chapter 605, F.S. C	agree to comply with the n familiar with and or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 **Type of Action Address Title** <u>Name</u> GOZ LUZON AVEMUE MGR MARSHALL, KAISA □ Add TAMPA, FL 33606 ☐ Change **⊠** Add CO2 LUZON AVENUE MGR KAISEN PROPERTIES, LLC TAMPA, FL 33606 ☐ Remove ☐ Change \_ Add ☐ Remove ☐ Change □ Add ☐ Remove Change \_□ Remove ' **∠n** □ Change □ Add ☐ Remove

☐ Change

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Filing Fee: \$25.00