

L14000165869

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

NOV - 1 2016

# JOHN C. GOEDE, P.A.

A LEGAL PROFESSIONAL ASSOCIATION

John C. Goede, Esq.  
239.331.5100 Office  
239.236.1919 Facsimile

ATTORNEYS AT LAW

8950 Fontana Del Sol Way, Suite 100  
Naples, FL 34109

**Please direct ALL correspondence to: 8950 Fontana Del Sol Way, Suite 100, Naples, FL 34109**

October 25, 2016

Florida Division of Corporations  
Attn: Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Articles of Amendment – SWF PREMIUM TITLE, LLC**

FL Document No.: L14000165869

Dear Sir or Madam:

In connection with the above referenced entity, enclosed please find the following:

- Executed Articles of Amendment to Articles of Organization of SWF Premium Title, LLC;
- Check No. 0500 in the amount of \$30.00 representing payment for Filing Fee and Certificate of Status.

If you have any questions, or if we can be of further assistance, please do not hesitate to contact our office.

Sincerely,



Lisa M. Super, Esq.  
Attorney  
lisa@fltitleco.com

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SWF PREMIUM TITLE 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:

LISA M SUPER ESQ

Name of Person

JOHN C GOEDE PA

Firm/Company

8950 FONTANA DEL SOL WAY, SUITE 101

Address

NAPLES, FL 34109

City/State and Zip Code

LISA@FLTITLECO.COM

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

For further information concerning this matter, please call:

LISA M SUPER, ESQ.

239

330-4167

at ( )

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**

SWF PREMIUM TITLE LLC

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

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The Articles of Organization for this Limited Liability Company were filed on OCTOBER 24, 2014 and assigned  
Florida document number L14000165869.

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)**

837 5TH AVENUE SOUTH

NAPLES, FL 34102

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8950 FONTANA DEL SOL WAY SUITE 100

NAPLES, FL 34109

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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>
MGR	ELLEN HOLLARS	23880 MESSINA CT.	<input type="checkbox"/> Add
		BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALYSON EPIFANIO	4415 13TH AVE SW	<input type="checkbox"/> Add
		NAPLES, FL 34116	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES A HOLLARS	23880 MESSINA CT.	<input type="checkbox"/> Add
		BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN C. GOEDE	8950 FONTANA DEL SOL WAY	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		NAPLES, FL 34109	<input type="checkbox"/> Change
MGR	JOSEPH R. EPIFANIO	4415 13TH AVE SW	<input type="checkbox"/> Add
		NAPLES, FL 34116	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PURPOSE: ANY AND ALL LAWFUL BUSINESS

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E. Effective date, if other than the date of filing: 10/25/2016 (optional)

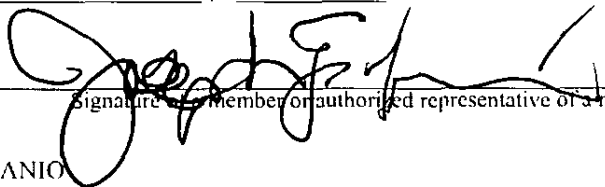
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated OCTOBER 25, 2016



Signature of Member or authorized representative of a member

JOSEPH R. EPIFANIO

Typed or printed name of signee