

L14000178949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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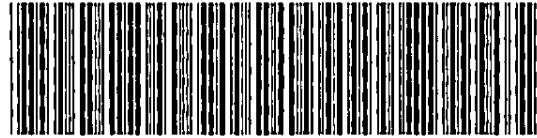
(Business Entity Name)

(Document Number)

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2/18/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SWR OPH 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:

George S. Savage

\_\_\_\_\_  
Name of Person

The Savage Law Group, P.A.

\_\_\_\_\_  
Firm/Company

P.O. Box 566502

\_\_\_\_\_  
Address

Miami/FL 33256-6502

\_\_\_\_\_  
City/State and Zip Code

gss@savagelaw.net

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

For further information concerning this matter, please call:

George S. Savage, Esq.

\_\_\_\_\_  
Name of Person

at ( 305 ) 577-0000

\_\_\_\_\_  
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 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**

SWR OPH 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 11/18/2014 and assigned  
Florida document number L14000178949.

This amendment is submitted to amend the following:

**. 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)**

**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

**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  
understand 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>
<u>MGRM</u>	<u>TPY USA LLC</u>	<u>4851 Northwest 79th Avenue</u>	<input type="checkbox"/> Add
		<u>Ste 9</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami, FL 33166</u>	<input type="checkbox"/> Change
<u>MGRM</u>	<u>3A INVESTMENTS</u>	<u>3370 NE 190 ST, NO. 1603</u>	<input type="checkbox"/> Add
		<u>AVENTURA, FL 33180</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGRM</u>	<u>CIUDADELA HOTELS LLC</u>	<u>753 CRANDON BLVD</u>	<input type="checkbox"/> Add
		<u>APT 506</u>	<input checked="" type="checkbox"/> Remove
		<u>KEY BISCAYNE, FL 33149</u>	<input type="checkbox"/> Change
	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**Effective Date:** 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.

ed January 5, 2021

ELUH MANAGEMENT SOLUTIONS LLC, MGRM, By Edward Perez, Its Sole Managing Member

**Filing Fee: \$25.00**