

L150000002143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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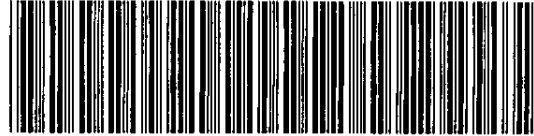
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 08 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SW Capital Group 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:

Alashe Nelson
Name of Person

Firm/Company

16015 SW 101 Avenue
Address

Miami, FL 33157
City/State and Zip Code

Jamal.Dyer@Live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamal Dyer at (786) 258-0923
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ ^{AN} \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ ^X \$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**

SW Capital Group 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 01/06/2015 and assigned Florida document number L15000002143.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Jamal Dyer

New Registered Office Address:

15121 Tyler Street

Enter Florida street address

Miami

City

Florida

33176

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>
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MGR/AMBR	Alashe Nelson	1370 Washington Ave	<input type="checkbox"/> Add
		ste 211	<input type="checkbox"/> Remove

		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change
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MGR	Andriq Auguste	10320 sw 144th court	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove

MGR	Rasheed Nelson	16015 sw 101 Ave.	<input type="checkbox"/> Add
		Miami, FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	Julian Reams	4339 Arlington Ridge	<input type="checkbox"/> Add
		Blvd.	<input checked="" type="checkbox"/> Remove
		Leesburg, FL 34748	<input type="checkbox"/> Change

MGR/AMBR	Aventador Capital Partners	15121 Tyler street.	<input checked="" type="checkbox"/> Add
		Miami, FL 33176	<input type="checkbox"/> Remove

			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP -4 AM 11:32
STATIONARY OFFICER
AT ANASSE TID @ 00A

(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)

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 8/31/2015 . .

Alarice Nelson
Signature of a member or authorized representative of a member

Alashe Nelson
Typed or printed name of signee