L15000085633

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) Nonprofit	LLC		., .	
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	() Reinstatement		() Other	
() Limited Partnership	() Annual Report		() Other	
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COVER LETTER

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eup iece.		y Ariel, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ondence concerning this matter	to the following:		
		Osvaldo F. Torres			
			Name of Person		
		Torres Law, P.A.			
Firm/Company			Firm/Company		
	888 Southeast Third Avenue, Suite 400				
			Address		
		Fort Lauderdale, Florida 3	3316		
			City/State and Zip Code		
		ozzie@torreslaw.net			
E 6.4			to be used for future annual report notifica	ation)	
		concerning this matter, please ca			
Osvaldo F.	Torres		754 300-5815 at ()		
	Name o	of Person	Area Code Daytime T	elephone Number	
Enclosed is	a check for the	he following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Civy Continual Copy (additional Copy Sentions of Status & Civy Continual Copy Sentions of Civy Civy Copy Sentions of Civy Civy Copy Sentions of Civy Civy Civy Civy Civy Civy Civy Civy	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions FLORATIO	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Swedroe By Ariel, 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 May 14, 2015 and assigned Florida document number L15000085633
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Swedroe Designs, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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:
New Registered Office Address:
Enter Florida street address
City Florida Zip.Code OF
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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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