L15000176237

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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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AUG 16 2013 BRUCL

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	Swagger Sub Name of Lim	os Ond Salads Lined Liability Company	LLC	
	mendment and fee(s) are sub	_ · · · · · · · · · · · · · · · · · · ·	. <u> </u>	
Please return all correspond	lence concerning this matter	to the following:		
	Tavaci	OUS HIWOOD Name of Person		
	Swaga		lads, LLC	
	PO BOX	648573 Address		
	Pompano	Buh F1 33006 City/State and Zip Code		
		Subsord Salads 6 to be used for future annual report notific	grail with the Allas	
For further information con-	cerning this matter, please ca	all:	AUG MASS	<u>רר</u>
Tavarious Name of Po	All wood erson	at (154) 214- Area Code Daytime	Telephone Number St. W.	FILED
Enclosed is a check for the t	following amount:		35 D&	
	□ \$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

(Name of the Limited	Liability Compa Florida Limited L	ny as it now	appears	on our record	<u>is.</u>)		
The Articles of Organization for this Limited Liab Florida document number <u>L15000176</u>	ility Company	•	. ,,	0/1 <i>616</i>	2015	_ and a	ssigned
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the	ne limited liabi	lity compa	iny hero	; 			
The new name must be distinguishable and contain the word	s "Limited Liabili	ity Company	" the desi	gnation "LLC	" or the abbre	viation "	L.L.C."
Enter new principal offices address, if applicable	le:	·		· · · · · ·			
(Principal office address MUST BE A STREET A	ADDRESS)						
		<u> </u>	1	· ,	<u> </u>		
Enter new mailing address, if applicable:	•-				AHASS	AU6 1:	***************************************
(Mailing address MAY BE A POST OFFICE BO). (2)	·		· · · · · · · · · · · · · · · · · · ·	"	-11.1 	in-
N		`			TL021	·u	U
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off	fice addre	ss on o	ur records	s, enter the	ယ္ name	of the new
The state of the s	<u>address nere</u>	•			*		u ₀
Name of New Registered Agent:	·			· 	·		· ·
New Registered Office Address:		Ent	er Florida	street address	ş		
				. Flo	riđa		
New Registered Agent's Signature, if changing Regi	stered Agent:	City		, , , , , ,		Zip Code	

N

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>	Name	Address	Type of Action
Mgr	Jessica Isaac		
		4201 NW 34 th st#	310 Remove
		Lauderdale Lake fi3	3.719 □ Change
MER	Tavarious Allwood	PO BOX 668573	Add
		Pompuno Bon Fl 3306	D (□ Remove
		·	Change
			Add
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Filing Fee: \$25.00