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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SW BOGERS 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:
STANLEY BOGERS Name of Person
SW ROGERS LLC Pirm/Company
4877 LAKE PARK DRIVE
TALLAMSSEE FL 32311
TALLAMSSEE FL 32311 City/State and Zip Code Bill BOGERS & OUT Look. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 570 - 2701 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

SII Rogers	110,
(Name of the Limited Liability C	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on DEC 30 2015 and assigned
Florida document number <u>L 160000000</u>	2 5 ,
This amendment is submitted to amend the following:	for this Limited Liability Company were filed on
A. If amending name, enter the new name of the limited	rticles of Organization for this Limited Liability Company were filed on
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 ADDRES	<u>S)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
D. If any and live the presistened against and/on negistament	ad office address on our regards enter the rights of the new
registered agent and/or the new registered office address	shere:
Name of New Registered Agent:	
New Registered Office Address:	>>
	Enter Florida street address
	, Florida

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>	Type of Action
MGR	SUE ROGERS	4877 LAKE PARK DRIVE TALLAHASSER FL 32311	
		Tallahyssee, FL 323/1	Remove
			Change
			Add
			Remove
			Change
			□ Remove
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 		SS.	,
		SHASSEE, FLORIDA	Remove
			Change
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ffective date, if other than the date o 'an effective date is listed, the date must be spective. If the date inserted in this block doe locument's effective date on the Department.	ific and cannot be prions not meet the appli	icable statutory	or more than 90 d filing requireme	_ (optional ays after filin ents, this dat	D Spirin Spirin D⊢	ant to 6	05.0207 (3 isted as th
ne record specifies a delayed effec The 90th day after the record is	ive date, but n	ot an effecti	ve time, at 1	2:01 a.m	. on th	e ear	lier of:
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Dated December	27, 20	16					
Swither							
Swither	27, 20 w e of a member or aud		ative of a member				

Page 3 of 3

Filing Fee: \$25.00