

L160000 32212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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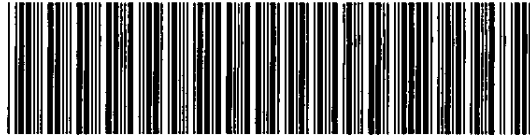
(Business Entity Name)

(Document Number)

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S Warren

JUL 12 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Swisht, 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:

Kara Williamson

Name of Person

Siavage Law Group, LLC

Firm/Company

1040 West Marietta Street, Suite E-102

Address

Atlanta, Georgia 30318

City/State and Zip Code

kwilliamson@siavagelaw.com

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

For further information concerning this matter, please call:

Kara Williamson

404 351-5280
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SWISHT, 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 February 16, 2016 and assigned
Florida document number L16000032212.

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 end with 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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Bradford Tilley	167 Florence Drive	<input type="checkbox"/> Add
		Jupiter, Florida 33458	<input checked="" type="checkbox"/> Remove
MGR	Bradford Tilley	167 Florence Drive	<input checked="" type="checkbox"/> Add
		Jupiter, Florida 33458	<input type="checkbox"/> Remove
AMBR	Gabriel Costa	167 Florence Drive	<input type="checkbox"/> Add
		Jupiter, Florida 33458	<input checked="" type="checkbox"/> Remove
MGR	Gabriel Costa	167 Florence Drive	<input checked="" type="checkbox"/> Add
		Jupiter, Florida 33458	<input type="checkbox"/> Remove
AMBR	Charles Sault	167 Florence Drive	<input type="checkbox"/> Add
		Jupiter, Florida 33458	<input checked="" type="checkbox"/> Remove
MGR	Charles Sault	167 Florence Drive	<input checked="" type="checkbox"/> Add
		Jupiter, Florida 33458	<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The Company shall be manager-managed. No member has any right or power
to participate in the management of the Company except as expressly required
by the Company's operating agreement or Florida law. Accordingly, no member
(acting solely in the capacity of a member) is an agent of the Company, nor may
such member bind or execute any document on behalf of the Company.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated July 5, 2016



Signature of a member or authorized representative of a member

Kara Williamson, attorney in fact

Typed or printed name of signee

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Filing Fee: \$25.00

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