

L16 0000063990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600285788176

600285788176  
05/23/16--01012--026 \*\*25.00

FILED  
2016 MAY 23 P 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 25 2016

SWARREN

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SWANSON'S REMODELING AND REPAIR 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:

KOTY A SWANSON

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3277 49TH AVENUE N

\_\_\_\_\_  
Address

ST. PETERSBURGH, FL 33714

\_\_\_\_\_  
City/State and Zip Code

SWANSONSREMODELING@GMAIL.COM

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

For further information concerning this matter, please call:

KOTY A. SWANSON

at 412 508-3727  
( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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**

SWANSON'S REMODELING AND REPAIR 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 03/30/16 and assigned  
Florida document number L16000063990.

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City, 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

**FILED**  
MAY 23 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Koty A Swanson</u>	<u>3277 49<sup>th</sup> Ave N St Petersburg FL 33714</u>	<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<u>AMBR</u>	<u>Amala Corretjer</u>	<u>5831 64<sup>th</sup> N St Pete 33709</u>	<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<u>AMBR</u>	<u>Mallory Swanson</u>	<u>3277 49<sup>th</sup> Ave N St Pete 33714</u>	<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			

FILED  
 2019 MAY 23 P 2:35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

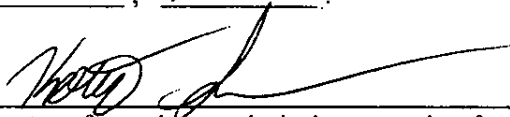
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 5/2/16, 12:00 am



Signature of a member or authorized representative of a member

Koty A. Swanson

Typed or printed name of signee

**Page 3 of 3 Filing Fee: \$25.00**

**FILED**  
2016 MAY 23 P 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA