

LN000202538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

T WASHINGTON

DEC 12 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

Da Swarm HQ, LLC

SUBJECT: _____
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:

Judy Lariosa

Name of Person

Da Swarm HQ, LLC

Firm/Company

3314 South Jenkins Road

Address

Fort Pierce, FL 34981

City/State and Zip Code

daswarmhq@gmail.com

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

For further information concerning this matter, please call:

Judy Lariosa

808

348-9388

at (_____) _____

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**

Da Swarm HQ, 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 November 03, 2016 and assigned
Florida document number L16000202538.

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)

6945 Okeechobee Road

Suite A

Fort Pierce, FL 34945

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3314 South Jenkins Road

Fort Pierce, FL 34981

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Judy Lariosa

New Registered Office Address:

3314 South Jenkins Road

Enter Florida street address

Fort Pierce

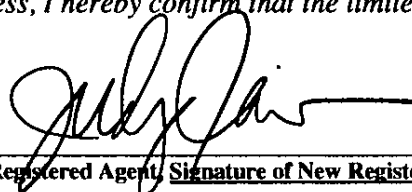
, Florida 34981

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

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA
DEPARTMENT OF
TRANSPORTATION
16 DEC 8 PM 4:23
Change
Add
Remove
Change

FILED
16 DEC -8 PM 4:23
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FILED
16 DEC -8 PM 4:23
SOUTHERN STATE
FBI LABORATORY, FLORIDA

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.

Dated Dec. 05

2016

_____, 2016.

of a member or authorized representative of

Signature of a member or authorized representative of a member

Judy Lariosa

Typed or printed name of signee