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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: S.W. F.L (Name of Limited Liability Company	_C
The enclosed Articles of Amendment an	d fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
	Brackley Hurrison	
	.W.F.L Outdoor Se Firm/Company	ervices LLC
60	23 Latimer Avenu) <u>C</u>
FOIT 1	City/State and Zip Co City/State and Zip Co Active 6 Swfi Outdo E-mail address: (to be used for future and	3 <i>905</i> ode
13v_	ACII E. D. S. W. F. 1. OUT CLO E-mail address: (to be used for future and	C(SetViles, Communal report notification)
For further information concerning this		
Brackley Harrison Name of Person	at (234) Area Code	984 - 4333 Daytime Telephone Number
Enclosed is a check for the following an	ount:	
\$25.00 Filing Fee S30.00 F Certific	iling Fee & S55.00 Filing Fate of Status Certified Copy (additional copy is	Certificate of Status &
Mailing Address: Registration Section Division of Corporations	Regi	t Address: istration Section sion of Corporations
DIVISION OF CORDORALIONS	17171	SIOH OF CORDORALIONS

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.W.F.L Outdoor Servi	ces LLC		
(Name of the Limited Liability Company as i (A Florida Limited Liability	now appears on our records. Company))	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L1700021541</u> .	filed on O1 27	2017 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability c	ompany here:		
The new name must be distinguishable and contain the words "Limited Liability Con	npany," 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 agent and/or the new registered office address here:	ss on our records, <u>enter t</u>	he name of the new regi	stered
		88	
Name of New Registered Agent:		- · · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	<u> </u>	
		Ω Ω Ω Ω 5	
	, Floi	rida — ∴ ∴ 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 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
MGRM	Brudley Harrison	6023 Latimer Ave F1 myers FL 3	3405Add
			□Remove
			Change
MGRM	Brundi Hamison	6023 Latimer Are F+ Myers 3390	1 <u>5</u> □Add
			Remove
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E. Effectiv	e date, if other than the date of filing: (optional)
Note: 1	e date, if other than the date of filing: (optional) tive 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)(if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
If the record record is file	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 d.
Dated_	October 11 , 2021.
	Brill Herri
	Signature of a member or authorized representative of a member
	о и .
	Bradley Hamson Typed or printed name of signee
	typed or printed name of signee

Filing Fee: \$25.00