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04/05/17--01018--005 **25.00



COVER LETTER

SUBJECT: CONSISTENT SWING 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:
Robert W Corcoran Jr Name of Person
Consistent Swing
8110 DAVENTRY Dr
Melbourne PL 32940 City/State and Zip Code
E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Robert W Corcoran Jo at (3) 27/-1531 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Solon Filing Fee & Certified Copy (additional copy is enclosed)} \) \(\text{Certified Copy (additional copy is enclosed)} \) \(\text{Certified Copy (additional copy is enclosed)} \)

MAILING ADDRESS:

TO: Registration Section
Division of Corporations

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

Consistent Swin (Name of the Limited Liability Com (A Florida Limite	Q LLC upany as it now appears on our record ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comparison Florida document number $L - 170000284$.	ny were filed on 2 6	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	Rts. LhC	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		APR - 5
		982 : 0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our recor ere:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	, I	Florida Zip Code
	City	Lip Coue

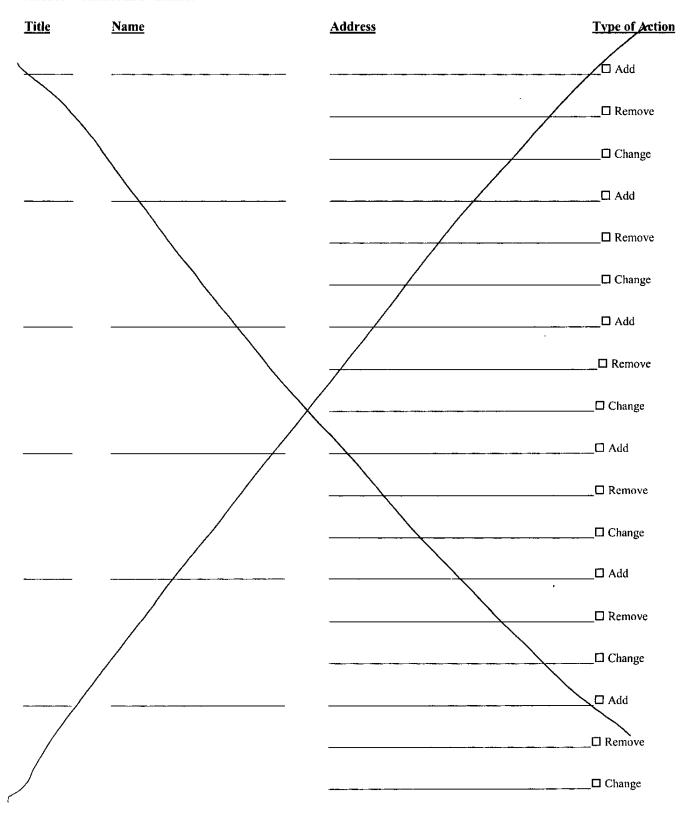
New Registered Agent's Signature, if changing Registered Agent:

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



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fective date, if other than the date of filing:	(optional) more than 90 days after filing.) Pursuant	to 605.02
ote: If the date inserted in this block does not meet the applicable statutory filing	ng requirements, this date will not b	e listed
ocument's effective date on the Department of State's records.		
		11
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the 6	earner
ated April 2 , 2017.		
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Signature of a member or authorized representativ		

Page 3 of 3

Filing Fee: \$25.00