L17000039567

(Reque	estor's Name)
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	ime)
(Доси	nent Number	·)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	





400418721084

11/13/23--01029--003 **60.00





November 28, 2023

LAUREN MCCABE 1384 BURGUNDY DRIVE FORT MYERS, FL 33919

SUBJECT: SWAN CREEK PROPERTIES LLC

Ref. Number: L17000038567

We have received your document for SWAN CREEK PROPERTIES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 523A00027142

Morgan E Lovett
Regulatory Specialist II

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Swan Creek Pro	nevtres IIC.
Name of L	imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matt	er to the following:
1 .	100
_ Lauren N	Name of Person
	Name of Person
	Firm/Company
12012	
_ 1704 Burgi	MADY. Address YS. F2 33919 City/State and Zip Code
Fact Miss	vc 50 22010
- TOT TRIVE	City/State and Zip Code
	or (to be used for future annual report polification)
For further information concerning this matter, please	e call:
Lauren McCabe	at (229), 218·8074
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	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address:
Division of Corporations	Registration Section Division of Corporations
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

	DCVTVES liability Company Torida Limited Lia	r as it now appears on our ability Company)	r records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L17000038561</u>	lity Company w	vere filed on 02	11/2017	_ and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabili	ity company here:		
The new name must be distinguishable and contain the words	"Limited Liability	y Company," the designation	on "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable	e:	_ 5343 Sh	alley Civ. E	
(Principal office address MUST BE A STREET A	(DDRESS)	Fort Mye	VS, FL 33°	119
Enter new mailing address, if applicable:		<u>5343</u> S	halley Cir.	Ē
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	_ Fort Mye	rs, 52 335	319
B. If amending the registered agent and/or regis	<u>ere</u> :		, enter the name	of the new registered
Name of New Registered Agent:	Laure	in McCabe	 	·
New Registered Office Address:	1384	Buyaun dy Entel Florida stree	et address	<u>.</u>
_	For !	+ Myers	, Florida <u>3</u>	29 19 👼 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>	Address	Type of Action
MGR	Ronald Loeffler	P.O. Box 32	□Add
		Monclova, OH 43542	DRemove
MGR	Theresa Locffler	P.O. BOX 32	□Add
		Monclova, 0 H 43542	BRemove
			□ Change
MGR	Victoria Manietta	5343 Shalley Cir. E	i Add ,
		Ft. Myers, FL 33919	□Remove
			□Change :
MGR	Lauren Mc Cabe	1384 Burgundy Dr.	
		Fu+ Myzvs, FL 33919	□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Note: If	date, if other than the date of filing: October 25, 2023 (optional) we 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 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 11. It is effective date on the Department of State's records.	05.0207 sted as
e record s rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
	December 4, 2023	
Dated	MM/04/2003	
	Paru PM Cabe	
	Signature of a member or authorized representative of a member LAUVEN R. MCCabe	

Filing Fee: \$25.00