L17000061039

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(Document Number)
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S. WARREN JUN 2 0 2017

COVER LETTER

ľO:	Registration Section
	Division of Corporations

US SWIFT TEAM 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

Mary LaChiusa

Name of Person

CashwellAccounting,Inc

Firm/Company

95310TH STREET

Address

CLERMONT, FL 34711

City/State and Zip Code

mary@cashwellaccounting.com

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

For further information concerning this matter, please call:

Mary LaChiusa	352	242-1001
	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

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000061039</u>	y were filed on 03/15/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	bility company here:
-	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	655LINDEN ST
(Principal office address MUST BE A STREET ADDRESS)	CLERMONT, FL 34711
Enter new mailing address, if applicable:	
(Mailing address MAY <u>BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registered or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code

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 gibility company has been notified in writing of this change.

If Changing Registered Agent, <u>Signature of New Registered Agent</u>

PH

Page 1 of 3

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>	Name	Address	Type of Action
AMBR	CharlesT. Haskell,Jr.	1193 Cleburne Avenue, NE	Add
		Atlanta, GA 30307	Remove
			Change
AMBR	Arturo Landaure	167 Clemente X	Add
		Monterrico Chico, Surco	
		15023 LIMA, PERU	Change
			🗆 Add
			🔄 🗌 Remove
			Change
			Add
			□ Remove
			Change
			Add
			Thange
			<u> </u>
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(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 hling.) Pursuant to 605.0207 (3)(b) <u>Note:</u> 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		06/08/2017			
	Quei	gnature of a member or authorized representative of a member	<u></u>	17 Ju	
	SASAMARVIN	· · ·		61 Hf	
		Typed or printed name of signee		PH 2:	
		Page 3 of 3	alie. NDA	27	

Filing Fee: \$25.00