L17000061039

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000310877290

03/26/18--01012--027 **35.00



O SIMMONS



March 26, 2018

MARY LA CHIUSA CASHWELL ACCOUNTING INC 953 10TH STREET CLERMONT, FL 34711

SUBJECT: US SWIFT TEAM LLC Ref. Number: L17000061039

We have received your document for US SWIFT TEAM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - 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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 318A00006043

RECEIVED

MIRAPR-9 AH II: 24

DEPARTMENT OF STATE

DIVISION OF CORPORATION

TALLAHASSEE. FLOWER

COVER LETTER

Division of Co	orporations		
SUBJECT:	US SWIFT TEAM LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	SASA MARVIN		
		Name of Person	
	US SWIFT TEAM LLC		
		Firm/Company	<u> </u>
	3501 EMERALD POINTE	E DRIVE	
	<u> </u>	Address	
	AOT 206B		
		City/State and Zip Code	
	HOLLYWOOD, FL 33021		
	E-mail address: (to be used for future annual report notific	eation)
For further information	concerning this matter, please ca	all:	
SASA MARVIN		352 242-1001	
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:

TO:

Registration Section

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

US SWIFT TEAM	LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)	灵和——
		EST TO L
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L17000061039		
This amendment is submitted to amend the following:		# 11: 44
A. If amending name, enter the new name of the limited liab	ility company here:	7 -
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3501 EMERALD POINTE DRIVE	
(Principal office address MUST BE A STREET ADDRESS)) — АРТ 206 В	
	HOLLYWOOD FL 33021	
Enter new mailing address, if applicable:	3501 EMERALD POINTE DRIVE	
(Mailing address MAY BE A POST OFFICE BOX)	APT 206B	
	HOLLYWOOD FL 33021	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>en</u> <u>ε</u> :	tter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
	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>	Name	Address	Type of Action
AMBR	LUCA BERTOSSIO	VIA VITTORIO VENETO 40	
		TRICESIMO, UDINE 33019	□ Remove
		ITALY	□ Change
			□ Add
			□ Remove
			☐ Change
			3-9-
		The Greenfault	
			Sri Grange
			Add
			□ Remove
			☐ Change
		Add	
		Remove	
		s	☐ Change
		Add	
		Remove	
			☐ Change

	THE REPORT OF THE PARTY OF THE
	三
3/21/20	110
ective date, if other than the date of filing:	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the appl	licable statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's record	ds.
record specifies a delayed effective date, but r	not an effective time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	iot an enecesse allie, at 12 to 1 anni en en en en
APRIL 4TH 2018	
red APRIL 4TH , 2018	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00