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COVER LETTER

TO:		istration Sec sion of Corp			
SUBJE	CT.	SWC North	Port Tamiami, LLC		
SUBJE	CI:		Name of Lim	ited Liability Company	
The enc	losed	Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn	all correspoi	ndence concerning this matter	to the following:	
			Terese Cerna Driscoll		
				Name of Person	· · ·
			Surterra Holdings Inc.		
				Firm/Company	
		3340 Peachtree Road, NE, Ste. 1010			
				Address	
			Atlanta, GA 30326		
				City/State and Zip Code	
			teernadriscoll@surterrahold	lings.com to be used for future annual report notifi	ration)
For furth	her in	formation ec	oncerning this matter, please ca	·	,
Terese Cerna Driscoll		404 920 4890, ext			
		Name of	Person	Area Code Daytime	Telephone Number
Encloses	d is a	check for th	e following amount:		
\$25 .	.00 Fi	ling 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 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**

2017 AUG 16 AM 9:05

SWC North Port Tamiami, LLC

A)	Florida Limited Liability Company)	MOSEE, FLORID,
The Articles of Organization for this Limited Liab Florida document number L17000106600	pility Company were filed on May 15, 2017	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the I
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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>	<u>Name</u>	Address	Type of Action
MGR	Surterra Holdings, LLC	1639 Village Square Blvd	
		Tallahassee FL 32309	■ Remove
			Change
MGR	Surterra Florida, LLC	WeWork c/o Surterra Florida	= Add
		1175 Peachtree St. NE. Atlanta, G/	☐ Remove
			□ Change
			Remove
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ective date, if other than the dat	e of filing: (optional)	
effective date is listed, the date must be s	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	5.020
te: If the date inserted in this block of ument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be lis tment of State's records.	icu a
	fective date, but not an effective time, at 12:01 a.m. on the earl	ier d
he 90th day after the record	is filed.	
August 14	2017	
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	TO MITE	
	nature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00