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SECRETARY OF STATE

J. WERES

COVER LETTER

	stration Session of Cor			•	
SUBJECT:		Ţ Ś Ē	Name of Lin	EMENTS OF S	WFL, LLC
The enclosed	Articles of	Amendmen	nt and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence con	ncerning this matter	to the following:	
		<u>.</u>	Ma	rk R. Komray,	Esq.
		<u></u>		Firm/Company	
			15465	Pine Ridge Rd.	
		,	Fort 1	Myers, FL 3390 City/State and Zip Code	08
				Komraylaw. Com (to be used for fifture annual report no	
For further in	formation c	oncerning t	this matter, please o	call:	
	Name o	R. Ka f Person	omray	at (239) 210 Area Code Daytin	- 3455 me Telephone Number
Enclosed is a	check for th	ne followin	g amount:		
\$25.00 F	iling Fee		00 Filing Fee & rtificate 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

Name of the Limited Lia (A Flo	vestements of SWFL, LLC bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	
This amendment is submitted to amend the following	g;
	limited liability company here: ments of SWFL, LLC Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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ffective date an effective date Note: If the date	e is listed, the d	late must be sp	ecific and	cannot be pri	or to date of fi	ling or more t	han 90 days af	ter filing.) Pu	irsuant to	605.020
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