# 11991100011

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

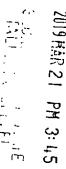
Office Use Only

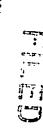


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R. WHITE APR 0.4 2013







April 2, 2019

DANIEL STRICKLAND 2878 W US 98 PERRY, FL 32347

SUBJECT: SWF OF PERRY, LLC Ref. Number: L17000114911

We have received your document for SWF OF PERRY, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There are pages missing from your document. Please find enclosed and include the missing pages.

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: 119A00006555

Rebekah White Regulatory Specialist III

orita ward

# **COVER LETTER**

TO:	Registration Section Division of Corporatio	ns			
SUBJI	ECT:	SWF of 1	Perry, LLC		
		Name of Limi	ted Liability Company		<del></del>
The en	closed Articles of Amenda	nent and fee(s) are subr	nitted for filing.		
Please	return all correspondence	concerning this matter t	o the following:		
		Daniel C	trianland		
	<del>-</del>	Duniers	Name of Person	<u> </u>	<del></del>
		SINF OF D	owell II.		
			erry, LLC Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		1878 W/ 116	<i>a</i> 9		
		2878 W US	Address		
		Perry, Fi	37347		
		(0110)110	32347 City/State and Zip Code		
		swfofperru	111 C@gmail Co	)m	
C C				eport nonneation)	
	ther information concerning		ш		
$\overline{D}$	aniel Strick	land	at ( <u>850</u> ) Area Code	843-115	٦
	Name of Person		Area Code	Daytime Teleph	one Number
Enclose	ed is a check for the follow	ring amount:			
□ \$2 <b>:</b>		0.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fec, 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

->

FILED

	V	<b>'</b>	2019 H&P 21 -
SWF of Perry, LLC			2019 HAR 21 PM 3: 45
(Name of the Lim	(A Florida Limited	ans as it now appears on our red Liability Company)	S TIS
The Articles of Organization for this Limited I	Liability Company	were filed on 04/03/2019	and assigned
Florida document number L17000114711			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liah	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2878 W US 98	
		Perry, FL 32347	
		2878 W US 98	
Enter new mailing address, if applicable:		Perry, FL 32347	<del></del>
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new
Name of New Registered Agent:	Daniel Strickla	nd	1
New Registered Office Address:	2878 W US 98		
		Enter Florida street ad	dress
	Perry		Florida 32347
	······································	City	Ziµ 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

34/83/19	11:23:03	CURT	Group
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Erica Ward

Page 003

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

Title	Name	Address	Type of Action
MGR	Christopher Croft	170 Lyman Hendry Road	□ Add
		Perry, FL 32347	
			☐ Change
MGR	Daniel Strickland	2878 W US 98	
		Perry, FL 32347	
		Change from AMBR to MGR	□ Remove
			D Add
			☐ Remove
			☐ Change
			☐ Remove
			🖸 Change
	•		☐ Remove
			□ Change
			☐ Add
			□ Remove
			□ Change

Page 3 of 3

Typed or printed name of signee

Signature of a member or alaborized representative of a member

Daniel Strickland

Filing Fee: \$25.00