# 117000/39022

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### **COVER LETTER**

Division of Corporations
SUBJECT: 3096 SW SWIST Trace Circle LLC  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:
Algana Rubin Name of Person
3096 SW Synset Trace LUC Firm/Company
4913 Bradymne Dr Address
Boca Raton FL 33 Y87  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alannal Rubin at TD 215-733/ Name of Person at TD Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{ Solutional copy is enclosed}\$\text{ \$\text{\$\sqrt{5}}}\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3096 SW	Sunset Trace, Circle LLC
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number 4/7006/3	fability Company were filed on $\frac{62717}{1022}$ and assigned
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter the name of the new registere</u> s here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	•

#### 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>	<u>Address</u>	Type of Action
AMBR	Alama Rubin	4913 Bradymine Dr	□Add
		4913 Bradymine Dr Beca Raton, F1 33427	□Remove
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## Page 2 of 3

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ctive date, if other	er than the date of	filing:		(opt	tional)
If the date insert	ed in this block does	s not meet the applicable	e statutory filing	re man 90 days an requirements, th	er tung.) Pursuant to 605. his date will not be liste
ment's effective di	ate on the Departme	nt of State's records.			
ecord specifies	a delayed effect	rive date, but not a	n effective ti	me at 12∙01	a m on the earlie
e 90th day aft	er the record is t	îled.	ii circuite o	me, ot 12.01	d.m. on the came
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	Signatur	e of a member or authorize	ed representative	of a member	