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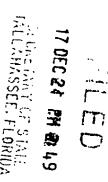
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PICK-UP	☐ WAIT	MAIL.
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COVER LETTER

TO:				on Secti f Corpo		•		
			Α. :	Swartz	Investments, LLC			
Name of Limited Liability Company								
					nendment and fee(s) are subrence concerning this matter t	_		
					Robert A. Swartz			
						Name of Person		
					R. A. Swartz, LLC			
						Firm/Company		
					2505 Rich Mar Lane			
						Address		
					Brandon, FL 33511			
					bswartz@raswartz.com	City/State and Zip Code		
					-	o be used for future annual report notification)	_	
For fu	ırther i	nfon	mat	ion con	cerning this matter, please ca	ul 1 :		
Robe	ert A. S	swa(rtz			813 385-1205		
			Na	ame of P	erson	at () Area Code Daytime Telephone Num	nber	
Enclo	sed is	a che	eck	for the	following amount:			
≅ \$2	25.00 I	ilinį	g Fo	ee	□ \$30.00 Fiting Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	Diling Fee, ficate of Status & fied Copy tonal 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

R. A. Swartz Investments, LLC		
(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 11 July 2017	and assigned
Florida document number L17000148835		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
R. A. Swartz, LLC		
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 applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
		7. 7.
		30
B. If amending the registered agent and/or	r registered office address on our records, e	nter the name of the new
registered agent and/or the new registered offi		Marie of Prince
		7 7 7
Name of New Registered Agent:		5 6
		55. 4
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 = 1	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			Add
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Filing Fee: \$25.00