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S. WARREN AUG 2 2 2017



August 9, 2017

NORMAN S. WEINSTEIN 2700 N MILITARY TRAIL, SUITE 225 BOCA RATON, FL 33431

SUBJECT: SW FLORIDIAN LLC Ref. Number: L17000157909

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

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Letter Number: 117A00016313

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

Division of Commentions D.O. DOV 6397 Wellshames Elevide 39914

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SW FLORIDIAN LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 7/24/2017	and assigned
lorida document number L17000157909	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office add		is, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addre	?\$\$
		lorida
	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	STATESIDE CAPTIAL CORP	2700 N MILITARY TRAIL	□ Add
		SUITE 225	■ Remove
		BOCA RATON, FL 33431	□ Change
MGR	STATESIDE CAPITAL LLC	2700 N MILITARY TRAIL	∃ Add
		SUITE 225	
		BOCA RATON, FL 33431	☐ Change
			Add
			☐ Remove
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