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1/16/2018

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date:
Name: Merritt Knickle
Reference #: G039057
Entity Name: HOWARDS SWAPORAMA, LLC
Articles of Incorporation/Authorization to Transact Business
✓ Amendment
☐ Change of Agent
Reinstatement
Conversion
☐ Merger
☐ Dissolution/Withdrawal
☐ Fictitous Name
☐ Other
<b>→</b> • • • • • • • • • • • • • • • • • • •
Authorized Amount: \$2.5
Signature: CU + 1 V

CORPORATE HQ
 COGENCY GLOBAL INC

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HONG KONG
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Howards Swaporama, LLC			
( <u>Name of the Limited Liability Co</u> (A Florids Limi	mpany as it now appears ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organization for the Articles of Organization for the Organ	any were filed on Sept	ember 14, 2017	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company her	e:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the des	ignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>		
(Principal office address MUST BE A STREET ADDRESS	·	·····	····
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on there:	our records, enter th	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	la street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of m as provided for in Ch	ny duties, and I am fam Napter 605, F.S. Or, if i	illiar with and his do <b>cti</b> ment is

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
AMBR	Raphael Salama	6373 S Suncoast Blvd	■ Add
		Homosassa, FL 34446	□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			D Add
			Remove
			D Change
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			——————————————————————————————————————
			□-Remove
			☐ Ghange

		if nacessam )
). If am	mending any other information, enter change(s) here: (Attach additional sheets,	y necessary.)
		1773-1-1-
		· · ·
		<del></del>
		<del></del>
Note	ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirement cument's effective date on the Department of State's records.	(optional) ys after filing.) Pursuant to 605.0207 (3) us, this date will not be listed as the
If the re (b) Th	record specifies a delayed effective date, but not an effective time, at 12 he 90th day after the record is filed.	:01 a.m. on the earlier of:
Date	January 16 2018  Led Signature of a member or authorized representative of a member	<del>-</del>
	Whitney Schmidt	(A)
	Typed or printed name of signee	5