## 117000208988

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## **COVER LETTER**

SUBJECT: Jefferson Realty of SWF 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:	
Jefferson J Gould	
Name of Person	
Jefferson Realty of SWF IIc	
Firm/Company	
12960 Commerce lakes Drive Suite 1	
Address	
Fort Myers FL 33913	
City/State and Zip Code	
jeffersongould@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jefferson Gould 978 549-1484	
Name of Person Area Code Daytime Telephone Number	<del></del>
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	of Status & opy

MAILING ADDRESS:

TO:

Registration Section

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

Jefferson Realty of SWF 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 Liability Company were filed on 1-29-2018 and assigned Florida document number L17000208988 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L Enter new principal offices address, if applicable: (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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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ective date, if other than the date of filing a effective date is listed, the date must be specific and te: If the date inserted in this block does not cument's effective date on the Department of	d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 meet the applicable statutory filing requirements, this date will not be lis	5.02 ted
record specifies a delayed effective The 90th day after the record is filed	date, but not an effective time, at 12:01 a.m. on the earli	ier
10d 3-19-18		
Signature of a	member or authorized representative of a member	

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Filing Fee: \$25.00