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COVER LETTER

TO:

Registration Section

Div	ision of Corp	porations		
	SW101 LLC			
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Kathryn E. Strasburg		
			Name of Person	
		SW101 LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		5313 Buck St.		
			Address	
		The Villages, FL 32163		
			City/State and Zip Code	
		strasula@msn.com E-mail address: (to be used for future annual report no	tification)
For further in	iformation c	oncerning this matter, please co	all:	
Kathryn E. Strasburg		515 520-4143		
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
). Box 632 Hahassee, l		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810
1.4	HATINGOPPE I	المان سود	2	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT. TO ARTICLES OF ORGANIZATION OF

SW101 LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/23/2017	and assigned
Florida document number L17000210754		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	~
		2020 (
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.DC."
Enter new principal offices address, if applicable:	5313 Buck St.	27 [
Principal office address MUST BE A STREET ADDRESS)	The Villages, FL 32163	- 로 급
		<u> </u>
		. 12
Enter new mailing address, if applicable:	5313 Buck St	
Mailing address MAY BE A POST OFFICE BOX)	The Villages FL 32163	
	*·-··	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new reg
Name of New Registered Agent.		
New Registered Office Address:	Enter Floridu street address	
	, Flori	ia.
	FION	

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
AMBR	Roy F. Strasburg	5313 Buck St.	= Add
		The Villages, FL 32163	□ Remove
			200 F
			Remove
			Remove
		-	
			Remove
			Change
			□Add
			□Remove
			Change
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			□Remove
			□Change
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			□Change

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ffective date, if other an effective date is listed, the late inserted ocument's effective date	ie date must be specific in this block does no	and cannot be prior of meet the applic	to date of filing or able statutory fili	more than 90 days afteing requirements, th	r filing.) Pursuant to 60	5.0207 ited as
beament's effective date	on the Department	Carre a previous				
record specifies a delayer t is filed.						er the
ated Oct. 2	74	2020		ve of a member		
area	/					