Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003389143)))



H180003388143ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:		· · ·
	Division of Corporations	-u 🖺
		والمتقود
	Fax Number : (650) 617-6383	
	ſ	:
From		
2 2 0		<u> </u>
	Account Name : FASTKIT CORP	25-1
	Account Number : 1201000000000	表記
	Phone : (305)599-0839	O) C.
	, , , , , , , , , , , , , , , , , , , ,	· · · · · ·
	Fax Number : (305)592-9591	<sup>رن</sup> البا
	·	£
	-	71 - , ,
***-***	email address for this business entity to be used for ful	
FUCEL CUE	endil address for this plainess entity to be list for its	
annual.	l report mailings. Enter only one email address please.**	
Email	Address:	
E HIGH I. I	PRIOR 888 1	

## LIC AMND/RESTATE/CORRECT OR M/MG RESIGN SWINTON HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 2 9 mm

S. PRATHER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWINTON HOL			<u> </u>
	Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.	AM 10:1
		11/1/2 (\$\)	
The Articles of Organization for	r this Limited Liability Company	were filed on 21/16/2018	_ and assign
Florida document number L17	000212229		•
This amendment is submitted t	p amend the following:		
A. If amending name, enter	he new name of the limited liabi	ility company here:	
N/A			
The new name must be distinguishab	e and contain the words "Limited Linbti	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices a	dress, if applicable:	N/A ·	
(Principal office address MUS	T BE A STREET ADDRESS)		<del>_</del>
Enter new mailing address, it	applicable:	N/A	
Mailing address MAY RE.A.	POST OFFICE BOX)		
			<del>_</del>
B. If amending the registe	red agent and/or registered of	fice address on our records, enter the	he name of the new
registered agent and/or the n	w registered office address here	<u>e</u> :	
Name of New Regist	red Agent:		
N: D : 1055			
New Registered Office	de Andress:	Enter Florida streu address	<del></del>
		City Florids	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	ELFREDA SWINTON	2820 NW 23RD ST. FORT LAUDERDALE, FL 33311	■ Add
			□ Remove
			□ Change
			D Add
			□ Remove
			Change
<del></del> ,			
			Remove
			O Change
			Remove
			Change
			□ Remove
			☐ Change
<del></del>			□ Add
			Change

D) Ifamene	ling any other inf	rmation, enter change(s) here: (Attach additional sheets, if necessary.)	)		
	any other ma	matten, enter thankets, mater (name)		_	
				_	
				-	
				-	
_				_	
				-	
				_	
				_	
<u></u>				_	
				_	
			<u> </u>	<del></del>	
				-	
				- 	
_				_	
E P86	- Jos- if ashowsha	the date of filing: (ontings)			
<u>Note:</u> If	the date inscried in t	the date of filing: (optional) emust be specific and cannot be prior to date of filing or more than 90 days after filing.) his block does not meet the applicable statutory filing requirements, this date volume to of State's records.	Pursuant to 60 vill not be lis	)5.0207 i sted as 1	(3)(b) the
	rd specifies a de Oth day after the	ayed effective date, but not an effective time, at 12:01 a.m. or record is filed.	n the earl	lier of:	:
Dated	Novembe	c 19 , 2018.			
	form	- Sula	<u> </u>		
		Signature of a member of authorized representative of a member	9.	2018	
	Lorenz	Typed or printed cause of signee		2018 NOV 28	n
		Page 3 of 3	AHASSI	28 A	
		Filing Fee: \$25.00		4M 10: 49	Ö
			नि	9	