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Office Use Only



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COVER LETTER

	gistration Se vision of Cor					
SUBJECT:	SWFL Lux	ury Realty, LLC				
		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please returr	all correspo	ndence concerning this matter	to the following:			
		Drew-Montez Clark				
			Name of Person			
		SWFL Luxury Realty, LLC				
		Firm/Company				
		26731 Dublin Woods Circl	le. Suite 2			
			Address			
		Bonita Springs, Florida 34	135			
			City/State and Zip Code			
		SWFLLuxuryRealty@gmai				
		E-mail address: (t	to be used for future annual report notifi-	cation)		
For further in	nformation co	oncerning this matter, please ca	ail:			
Victor J. As	encio		954 914-5601 at ()			
	Name of	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
\$25.00 F	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
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

SWFL Luxury Realty, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L17000230003	Company were filed on November 7, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		17.0
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on our records, end	SS The name of the
		SI SE
Name of New Registered Agent:		10 _A
New Registered Office Address:		
	Enter Florida street address	
·	Florida	
	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>	<u>Address</u>	Type of Action
AMBR	Patricia K. Asencio	3261 Sturgeon Bay Court	
		Naples, FL 34120	■ Remove
			Change
			Remove
			Change
			□ Remove
			□ Change
			P DEC
			SSA Charge
			Add Add
			Remove
			Change
			□ Remove

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fective date, if other than the dain offective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	specific and canno does not meet th	ne applicable star	f filing or more than tutory filing requi	(optional) i 90 days after filing.) I rements, this date w	Pursuant to 605.020 /ill not be listed a
record specifies a delayed ef The 90th day after the record	fective date, is filed.	but not an e	ffective time,	at 12:01 a.m. o	n the earlier o
December 11	20	17			
<u> </u>					
Sig	nature of a membe	er or authorized re	presentative of a me	ember	

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Filing Fee: \$25.00