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COVER LETTER

TO: Registration Se Division of Co			
SWFL MO	MT, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter		
	PATRICK F. DOYLE (M	EMBER & MANAGER)	
		Name of Person	
	SWFL MGMT, LLC		
		Firm/Company	
	11025 IRON HORSE WA	Y	
		Address	202
	FORT MYERS, FL 33913	i e	2023 HAR
		City/State and Zip Code	- D +344)
	HAWTHORN88@AOL.CO		
	E-mail address: (to be used for future annual report notification	m) PH (1)
For further information of	concerning this matter, please of	all:	- 26 - 26:
PATRICK F. DOYLE		260 402-8708 at ()	7.1
Name (of Person	Area Code Daytime Tele	phone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Section	
Division of C P.O. Box 632	•	Division of Corpora The Centre of Tallal	
Tallahassee,		2415 N. Monroe Str	

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWFL MGMT, LLC

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appear ited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Comp.	pany were filed on $\frac{JA}{A}$	NUARY 2, 2018	and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	ere:		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the d	esignation "LLC" or the abl	breviation "L.L.C.	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
			023 HAR 2	6 mm - 1
Enter new mailing address, if applicable:			<u></u>	- 12.
(Mailing address MAY BE A POST OFFICE BOX)			PII 4: 2	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our r	ecords, <u>enter the name</u>	Lui OD	gistered
Name of New Registered Agent:				
New Registered Office Address:			<u>.</u>	
	Enter Flor	ida street address		
		, Florida	Zip Code	
N. D. C. A. G. G. C. A. G. G. C. A. G. G. C. A.	City		гір Соае	
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this of the color of as provided for in C	my duties, and I am fo Chapter 605, F.S. Or.	amiliar with a if this docume	nd
If	Changing Registered Ag	ent, Signature of New Reg	istered Agent	-

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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	COLLEEN S. DOYLE	11025 IRON HORSE WAY	∃ Add
		FORT MYERS, FL 33913	□Remove
			□Change
	·		
			Remove
			Change
			Remove) Change
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			□Remove
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	late is listed, the date must date inserted in this blo	ck does not me	et the applica		ing or more th	an 90 days af	er filing.) Purst		
	effective date on the De	partment of Sta	ate's records.						
			n effective tin	ne. at 12:0	i a.m. on th	e earlier of:	(b) The 90th	ı dav after	r the
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locument's e	ifies a delayed effective	date, but not a	ii ciiccave iii						
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