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(Red	questor's Name)	
(Add	dress)	
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		EST PROPERTY PRESERVA	ATION	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CEDRYCH CONNER		
			Name of Person	
			Firm/Company	
		2124 33RD ST		
		SARASOTA, FL 34234	Address	
		5ARA301A.11 34234	City/State and Zip Code	
		SWFLFINEST.INFL@GM		√
For further in	formation co	n-mail address. (oncerning this matter, please of	•	(cation)
CEDRYCH	CONNER		941 7023922	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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 FINEST PROPERTY PRE	SERVATION LLC		
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our records. ability Company))
The Articles of Organization for this Limited I		ere filed on 01/10/2018	and assigned
his amendment is submitted to amend the fol			
a. If amending name, enter the new name of	of the limited liabili	ity company here:	
he new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "!.1.C"	or the abbreviation "L.1, C."
Enter new principal offices address, if appli	cable:		<u></u>
Principal office address MUST BE A STREET ADDRESS)			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Inter new mailing address, if applicable:			3 3 E
(Mailing address MAY BE A POST OFFICE BOX)			150
			ن الله الله
B. If amending the registered agent and egistered agent and/or the new registered of	~ .		enter the name of the
Name of New Registered Agent:	CEDRYCH CON	INER	
New Registered Office Address:	2124 33RD ST		
		Enter Florida street address	
	SARASOTA	Flor	rida ³⁴²³⁴
	•	Circ	Zin 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.

h Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CEDRYCH CONNER	2124 33RD ST W SARASOTA FL 34234	■ Add
			Remove
			Change
AMBR	ROSLYN SHIPP	2124 33RD ST W SARASOTA FL 34234	_ ⊟ Add
			Remove
			Change
			☐ Remove
			☐ Change
			Remove
			Change
			□ Add
			Change
			Add
			Remove

·	ADDING CEDRYCH CONNER AS A REGISTERED AGENT AND AUTHORIZED PERSON.
r refee	tive data if other than the date of filing:
Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Datec	OCAOber 30th 2018
	Signature of a member or authorized representative of a member
	CEDRYCH CONNER

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00