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DIVISION OF CORPORATION
2022 SEP 12 PH 12: 0

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COVER LETTER

. TO:

FO: Registration Sec Division of Corp				
SUBJECT: ELL	LNG TONS Name of Limi	S HAND SMAN S ited Liability Company	ERVICELLC	
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
		FUING TOW Name of Person		
	ELLING	TONIS HAND YMAM Firm/Company	SERVICELLC	,
	6610 Nunive	Sity dr. Address	2122 SEP 12	
	TAMARAC	City/State and Zip Code mdymons and I report roof	20 PH 12:07	
	ellington sko	ndumonservice 69 to be used for future annual report not	marl. com	
For further information c	oncerning this matter, please ca	all:		
PAM ELL Name o	-INGTON f Person	at (<u>954</u>) <u>859-</u> Area Code Daytima	9940 e Telephone Number	
Enclosed is a check for the	ne following amount:			
☐ \$25.00 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 S		Street Address: Registration Se		
Division of C	Corporations	Division of Cor The Centre of T	-	
P.O. Box 632 Tallahassee,			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWIFT LINK COU (Name of the Limited Liability Compan (A Florida Limited Li	URIER SERVIC LY as it now appears on our records.) (ability Company)	CELLC
The Articles of Organization for this Limited Liability Company of Florida document number 1, 1800069746	were filed on <u>D3/19/2018</u>	and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	MAN SERVICE ty Company," the designation "LLC" or the a	LLC abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, enter the nar	2 SEP 12 PH 12: 07 me of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	, Florida	
Nam Donistand County Signature if shanging Desistand Assets	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Or	familiar with and r, if this document is

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

Title AMBR	Name Barbara Carridice Ellingfon	Address 6610 Nuniversity Dr TAPTARAC.FIL 33321 Suite	Type of Action
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			□ Change
			🗆 Add
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fective date, if on effective date is lote: If the date in cument's effective	sted, the date mus serted in this bl	t be specific and ock does not m	cannot/be prior seet the applica	t∲ date of filing able statutory i	or more than 90 o	_ (optional) lays after filing.) ! ents, this date w	Pursuant to 605. fill not be liste	.0201 ed as
ecord specifies a is filed.	delayed effectiv	e date, but not	an effective ti	me, at 12:01 a	.m. on the earli	er of: (b) The	90th day after	· the
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Filing Fee: \$25.00