

L18 000 082 934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

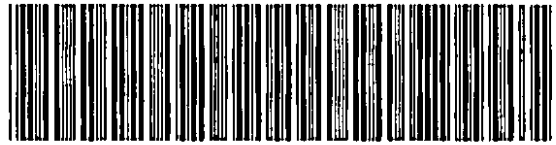
(Business Entity Name)

(Document Number)

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2022 SEP -9 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Swamp Stalker LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald Cabanas

\_\_\_\_\_  
Name of Person

Swamp Stalker LLC

\_\_\_\_\_  
Firm/Company

PO Box 832

\_\_\_\_\_  
Address

Bartow, FL 33831

\_\_\_\_\_  
City/State and Zip Code

lawnandlandscapebyron@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Cabanas

\_\_\_\_\_  
Name of Person

at ( 863 ) 559-6918  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                                   |                                                                                                  |                                                                                                                            |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Swamp Stalker LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4-2-18 and assigned  
Florida document number L18000082934

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1330 Eleanore Ave

(Principal office address MUST BE A STREET ADDRESS)

Bartow, FL 33830

Enter new mailing address, if applicable:

PO Box 832

(Mailing address MAY BE A POST OFFICE BOX)

Bartow, FL 33831

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Ryan Waltz

New Registered Office Address:

1330 Eleanore Ave

*Enter Florida street address*

Bartow

Florida

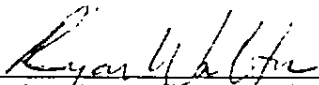
33830

*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

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TALLAHASSEE, FL

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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>    | <u>Address</u>     | <u>Type of Action</u>                      |
|--------------|----------------|--------------------|--------------------------------------------|
| MGR          | Ronald Cabanas | 1330 Eleanore Ave  | <input checked="" type="checkbox"/> Add    |
|              |                | Bartow, FL 33830   | <input type="checkbox"/> Remove            |
|              |                |                    | <input type="checkbox"/> Change            |
| MGR          | Amanda Cabanas | 1330 Eleanore Ave  | <input checked="" type="checkbox"/> Add    |
|              |                | Bartow, FL 33830   | <input type="checkbox"/> Remove            |
|              |                |                    | <input type="checkbox"/> Change            |
| MGR          | Robert Bearden | 3520 E. Gaskins Rd | <input type="checkbox"/> Add               |
|              |                | Bartow, FL 33830   | <input checked="" type="checkbox"/> Remove |
|              |                |                    | <input type="checkbox"/> Change            |
| MBR          | Kayla Waltz    | PO Box 1052        | <input type="checkbox"/> Add               |
|              |                | Bartow, FL 33831   | <input checked="" type="checkbox"/> Remove |
|              |                |                    | <input type="checkbox"/> Change            |
|              |                |                    | <input type="checkbox"/> Add               |
|              |                |                    | <input type="checkbox"/> Remove            |
|              |                |                    | <input type="checkbox"/> Change            |
|              |                |                    | <input type="checkbox"/> Add               |
|              |                |                    | <input type="checkbox"/> Remove            |
|              |                |                    | <input type="checkbox"/> Change            |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2022

Signature of a member or authorized representative of a member

Kayla Waltz  
Typed or printed name of signer

**Filing Fee: \$25.00**