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M. MILLIGAN

APR 1 0 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CTG/axy Swag LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Brandon Davis Name of Person
Firm/Company 357 SW York Address
City/State and Zip Code City/State and Zip Code Cyclaxy Swage Contact @ cynail acong E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brandon Davis at (850) 716-2664
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \text{Certificate of Status}\$\$\Bigcup \text{Certified Copy} \text{(additional copy is enclosed)}\$\$\Bigcup \text{Certified Copy} \text{(additional copy is enclosed)}\$\$
MAILING ADDRESS: STREET/COURIER ADDRESS: Projectation Services Projectation Services

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(7c. lax)	Shagg L		
(Name of the Limite	ed Liability Company as it r (A Florida Limited Liability C	ow appears on our records.) Tompany)	77.70
The Articles of Organization for this Limited List Florida document number <u>L1800085</u>	ability Company were ti	led on <u>Apr. 1 - 4 - 20</u>	and assigned of
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability con	npany here:	
The new name must be distinguishable and contain the water new principal offices address, if application of the end of th	able:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/ registered agent and/or the new registered of	fice address here:		
Name of New Registered Agent: New Registered Office Address:	Brandon A 357 Sw	York Ave Enter Florida street address Flori	
	Lamont	, Flori	ida <u>32336</u> 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 As

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

Title Name

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<u>Title</u>	<u>Name</u>	Address 43+1-5awyer-Ctricle	Type of Action
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