L18000132018

Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	 CT:	Kingclom Ol Name of Lim	Chids LLC ited Liability Company			
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspor	ndence concerning this matter	to the following:			
		Veronica kingder	Arellano Name of Person Orchicls LLC Firm/Company	<u> </u>		
			155th Terrace			
		varellano	FL, 33157 City/State and Zip Code OO 20 amail. Com to be used for furdre annual report notifie	ation)	2019 HAR 28 SEGNATAR TALLIAHASS	7
For furt	her information co	oncerning this matter, please ca	all:		FE FLORIC	ILEU
	ENOTICA Name of	Arellano	at (786) 872 - Area Code Daytime	2290 Telephone Number	ORIDA	· Sand
Enclose	d is a check for th	e following amount:				
E \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

MAILING ADDRESS:

TO:

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

• • • •	Dreinids LLC
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L180001320</u>	y Company were filed on05/29/2018 and assigned 18
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the l	imited liability company here:
Swiftwell Media Pi	roductions LLC
	.imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	AR 28
New Registered Office Address:	
	Enter Florida street address
	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

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional) 90 days after filing) Pursuant to	5 605 020 7
lote: If the date inserted in this block does not meet the applicable statutory filing require	rements, this date will not be	listed as
ocument's effective date on the Department of State's records.		
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03/01/2010		
ated 03/26/2019		
VkadeM		
Signature of a member or authorized representative of a me	mber	_
Veronica Arellano		

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Filing Fee: \$25.00