L18000136398

(Re	questor's Name)	
(Add	dress)	
(Ade	dress)	
(Cit	y/State/Zip/Phon	e #)
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PICK-UP	TIAW	MAIL
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(Do	cument Number))
Certified Copies	Certificate	s of Status
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Special Instructions to I	Filing Officer;	
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Division of Corporations	
SUBJECT: SWain's Concessions LCC	
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:	
Libby Swain Named Person	
Swain's Concessions LLC Firm/Company	
657 Planingo Dr. Address	
Apollo Beach FL 33572 City/State and Zip Code	
Address Address Address Address Address Address City/State and Zip Code Lupeekn @ Wah 00. C E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (386) 288 - 2856 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &
Mailing Address: Registration Section Street Address: Registration Section	

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

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

ARTICLES OF ORGANIZATION OF

<u>SWa</u>	in 5 Concessions Luc
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L18000136398</u>	1
This amendment is submitted to amend the following	g:
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 applicables	0 1/2 0 0 211/00
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	8305 N Shannon Ave Crystal River, FL 34478
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, <u>enter the name of the new registered</u> re:
Name of New Registered Agent:	James Hugh Swain der
New Registered Office Address:	8305 N Shannon Atte
_	Enter Florida street address Crystal River, Florida 34438! City ZipCode
New Registered Agent's Signature, if changing Regist	tered Agent:
I haraby account the appointment as presistant I am	and and among to not in this among in I find a second to the St. of the

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.

f Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Libby Swain	8305 N Shannon Ave	□Add
		Crystal River, Fi 34428	KRemove
			□Change
			□Add
			□Remove
			B Remove ☐ Change ☐ Add
			🗆 Add
			Remove
			□ Change
		□Add	
		Crystal River, Fr 34428	□ Remove
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Macti	date, if other than the date of filing: (optional)	
an effe ote:	date, if other than the date of filing:	
record is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated _	January 28 2021.	
	Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member	