## L18000236889

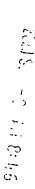
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## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJEC		TIVE, LLC			
SOBJE	C1:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		JAAFAR CHOUFANI			
			Name of Person		
		ALLEN, DYER, DOPPEL	T & GILCHRIST, P.A.		
Firm/Company					
	255 SOUTH ORANGE AVENUE, STE. 1401				
Address					
		ORLANDO, FL 32801			
		_	City/State and Zip Code		
		JCHOUFANI@ALLENDY  E-mail address: (	ER.COM to be used for future annual report notific	ration)	
For furtl	her information c	concerning this matter, please ca	all:		
JAAFA	R CHOUFANI		407 841-2330		
	Name o	of Person	at ()	Telephone Number	
Enclose	d is a check for t	he following amount:			
<b>≘ \$</b> 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 Addres		<u>Street Address:</u> Registration Sect	ion	

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SW CREATIVE, LLC			
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) spany)	
The Articles of Organization for this Limited L Florida document number L18000236889	iability Company were filed	on OCTOBER 5, 2018 and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	any 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 appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	-	our records, <u>enter the name of the new registe</u>	
Name of New Registered Agent:	JAAFAR CHOUFANI		
New Registered Office Address:	255 SOUTH ORANGE AV	VENUE, STE. 1401	
	En	ner Florida street address	
	ORLANDO	, Florida 32801	
	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, 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>	Address 4.08: 5.6	Type of Action
MGR	SHANNON LOUGHLIN	18326 SW 83RD PLACE	🗆 Add
		PALMETTO BAY, FL 33157	■Remove
			□Add
			□ Remove
			□Change
			□Remove
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record specifics filed.	fies a delayed effective date	e, but not an e	ffective time	, at 12:01 a.n	n. on the earlie	r of: (b) The 9	Oth day after the
ited	August 21		2020				
				21,			
	Sign	iture of a memi	per or authoriz	ed representat	ive of a member		<del></del>

Filing Fee: \$25.00