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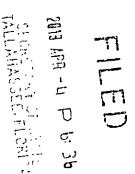
		
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COVER LETTER

TO: Registration So Division of Cor					
Swans Aut	omotive LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	_			
Please return all correspo	ondence concerning this matter	to the following:			
	Carolyn Kozimor				
		Name of Person		-	
	Swans Automotive LLC			72.2 篇	SHIP OF
		Firm/Company		1.73	
	790 Elna Terrace				F
	Orange City, FL 32763	Address		P 6.	Ö
	carolyn.kozimor1@gmail.c	City/State and Zip Code		بر، ن ^د . و د . و	
	E-mail address: (to be used for future annual report notif	fication)		
For further information c	oncerning this matter, please ca	all:			
Carolyn Kozimor		407 341-8708 at ()			
Name o	of Person		e Telephone Numbe	г	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

MAILING ADDRESS:

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

Swans Automotive 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 January 15, 2019 and assigned Florida document number _____L19000016340 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 "LIC" or the abbreviation "LIC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Q. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

Cirr

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carolyn Kozimor	790 Elna Terrace, Orange City, FL 32763	= Add
			☐ Remove
MRG	Louis Sherwood		Change
			Add
		Sherwood Louis Swan	Remove
		Sherwood Louis Swall	Change
			□ D Remove
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ective date, if other the effective date is listed, the			of filing or more than 9	(optional) O days after filing.) F	ursuant to 605.02
te: If the date inserted in ument's effective date of	n this block does not me	et the applicable st	atutory filing require	ments, this date w	ill not be listed
union serieure date c	in the Department of Sec	ne s records.			
record specifies a d		te, but not an e	effective time, at	: 12:01 a.m. or	n the earlier
he 90th day after t	he record is filed.				
ed April I.		2019			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00