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TO:	Registration Se Division of Cor				
SUBJE	ŠĹ Investme	ents, LLC		•	
SUBJE.	.01.	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
Please r	return all correspo	ndence concerning this matter	to the following:		×*
			Samuel Bryant		
	Name of Person				
Bryant Taylor Law					題為三
Firm/Company					では、大
			CA-1 MID 10		
			33.70		
			ort Lauderdale, FL 33301		
			City/State and Zip Code sbryant@sbttlaw.com		
		E-mail address: (to be used for future annual re	port notification)	
For furt	ther information co	oncerning this matter, please ca	all;		
	Samuel Bryant		954 at ()	282-9331	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclose	ed is a check for th	ne following amount:			
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status		☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	iling Fee, ate of Status & I Copy I copy is enclosed)		

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

S	SL Investments, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	l <mark>lity Company as it now appears o</mark> da Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability	• •	5/7/19	and assigned
Florida document number	.		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability company here	:	
SW SL Investments, LLC			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			S S TI
(Principal office address MUST BE A STREET ADD	ORESS)		100
			- 100 E
			ė,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		·	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ur records, <u>ente</u>	r the name of the r
Name of New Registered Agent:	·		
New Registered Office Address:	F., (2)		
	Enter Florida	street address	
		, Florida _	
	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	Type of Action
			Remove
			Change
			Add
			□ Remove
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Note: If t	date, if other than the ve date is listed, the date must be date inserted in this bits of the Effective date on the Effective date.	lock does not	meet the applic	able statutory fil	more than 90 day ing requirement	(optional) s after filing.) s, this date v	Pursuant to 6 vill not be li	05.0207 sted as
	d specifies a delaye Oth day after the rec			t an effective	e time, at 12:	01 a.m. o	n the ear	lier of
Dated	September 27							
			Auto 1	1.2.	-			
		Signature of a	i member or auth	orized representati	ve of a member			
	-		Typed or print	ed name of signee				

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Filing Fee: \$25.00