## L19000146589

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
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JUN 2 6 2019 S. YOUNG

## **COVER LETTER**

	egistration Se ivision of Cor			
SUBJECT	Swag Fund	ing LLC		
SUBJECT	·	Name of Lin	nited Liability Company	<del>.</del>
The enclos	ed Anticles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		Yosef Cohen		
		· · ·	Name of Person	
		Swag Funding LLC		
			Firm/Company	<del></del>
		1171 99th Street		
			Address	
		Bay Harbor Islands, Fl., 3	3154	
			City/State and Zip Code	<del></del>
		Yossicohen345@gmail.cor		
			to be used for future annual report notif	ication)
or further	information co	oncerning this matter, please c	all:	
Yosef Coh	en		347 977-9954 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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)

TO:

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

Swag Funding LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Co	ompany were filed on June 3 2019	and assigned
Florida document number L19000146589		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	<u> </u>	5-7-6
		每 三 一
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		6; 2 4:1-2
		; e'
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		, enter the name of the pe
registered agent and/or are new registered office addr	CSS HCIC.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		orida
	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

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
MGR	Yosef Cohen	1171 99th street Bay Harbor Islands FL 33154	Add	
			□ Remove	
		INDIA DEDERAL HWY #308	Change	
MGR	Meir Cohen	1001 N FEDERAL HWY #308 HALLANDALE FL 33009	🗹 Add	
			Remove	
			Change	
			Add	
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			□ Remove	

\_□ Change

	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If the date inserted in this	the date of filing:	
he record specifies a delay The 90th day after the r	yed effective date, but not an effective time, at 12:01 a.m. on the earlie record is filed.	er of:
Dated June 13	. 2019	
	Signature of a member of authorized representative of a member	
Yosef Cohen	V	
	Typed or printed name of signee	

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Filing Fee: \$25.00