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## **COVER LETTER**

Division of Corporations	Division of Corp
SUBJECT: Svag Funding UC Name of Limited Liability Company	SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.	The enclosed Articles of A
Please return all correspondence concerning this matter to the following:	Please return all correspon
Yosef Chen Name of Person  Sway funding Firm/Company  1171 99th Street  Address  Bay Harbor Islands, FL, 33154  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
h-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	For further information cor
Name of Person at (347) 977 9954  Area Code Daytine Telephone Number	
inclosed is a check for the following amount:	Enclosed is a check for the
\$25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)	\$25.00 Filing Fee

MAILING ADDRESS:

Registration Section

TO:

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

/\forms of the \forms \text{inited}	ling LLC
(A Florid	da Limited Liability Company)
	Company were filed on
Florida document number <u>L 19000146589</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here;
The new name must be distinguishable and contain the words "Lii	mited 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 ADD	(RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reging registered agent and/or the new registered office additional agent and/or the new registered office additional agent.	stered office address on our records, <u>enter the name of the</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address, Florida Cuy Zip Code

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 antending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Meir Cohen		
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document's effe	ctive date on the Department of State's records.	
the record spe ) The 90th da	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie by after the record is filed.	er o
Dated	July 29 2019	
	Signature of a member of authorized representative of a member	
	Yoset Cohen Typed or printed name of signee	

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Filing Fee: \$25.00