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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

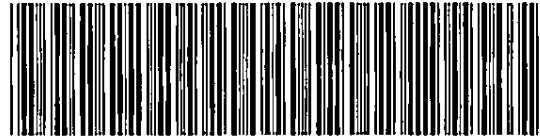
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AUG 05 2019

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 AUG -5 AM 7:08

FILED

AUG 10 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SJ & T Swift Movers "LLC"
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shaneika Richards
Name of Person

Small Local moving company
Firm/Company

10628 W Sample Rd
Address

Coral Spring FL 33065
City/State and Zip Code

SJandT Swiftmovers@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shaneika Richards
Name of Person

at (347)
Area Code

546-9127
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 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

SJ&T Swift Movers "LLC."

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
19 AUG -5 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 13, 2019 and assigned
Florida document number L19000157258.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

CEO - Shaneika Richards

New Registered Office Address:

10628 W Sample Rd

Enter Florida street address

Coral Spring

City

Florida

33065

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.

Shaneika Richards

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jaylen Young	10628 W Sample Rd	<input type="checkbox"/> Add
		Coral Springs FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tristen Young	10628 W Sample Rd	<input type="checkbox"/> Add
		Coral Springs FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shaneika Richards	10628 W Sample Rd	<input type="checkbox"/> Add
		Coral Springs FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Shaneika Richards	10628 W Sample Rd	<input checked="" type="checkbox"/> Add
		Coral Springs FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please Make Sure Requested ~~and~~ of
Myself Shaneika Richards is listed
as CEO.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 30, 2019

CEO - Shaneika Richards
Signature of a member or authorized representative of a member

Shaneika Richards
Typed or printed name of signer