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SECRETARY OF STATE

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OUR DOOR G&F SWE	HOME SERVICES LLC		
SUBJECT: G&E SWF		ited Liability Company	<del></del>
	Amendment and fee(s) are sub	_	
	Kenia Yanes		
		Name of Person	<u>.</u>
	G&E SWF HOME SERV	ICES LLC	
		Firm/Company	
	14788 SUTHERLAND A		
		Address	
	Naples, FL 34119	C'. (C	· <del></del>
	auhamasarriaas0401@ama	City/State and Zip Code	
	gehomeservices0401@gma E-mail address: (	to be used for future annual report no	ntification) (7) 23
For further information of	concerning this matter, please c	all:	2022 OCT -5
Kenia Yanes		at (239 ) 770-6414	, <sub>~</sub> • • <del>~</del>
	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t		E con pur E	□ *(0.00 E'')
□ \$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		<u>Street Address:</u> Registration S	ection
Division of C		Division of Co	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

## **G&E SWF HOME SERVICES 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 <u>07/22/2</u>	2019 and a	ass
Florida document number L19000187043			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	nation "LLC" or the abbreviation	"L.I
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<i>o</i> n 5	?N?
Enter new mailing address, if applicable:			<u>3</u>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del> -		<u>í</u> 1
		<del></del>	<u>ပ1</u> ၁
B. If amending the registered agent and/or registered office a	ddress on our recor		iew new
agent and/or the new registered office address here:		To a	37
		(1.)	_
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	Enter Florida s	treet address	
·		, Florida Zip Coo	
	City	Zip Coo	ste:
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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>	Address	Type of
MGRM	Kenia Yanes	14788 Sutherland Avenue, Naples, FL 34119	<b>=</b> Adc
			□Ren
			□Chai
MGR	Pablo A Hilarion	14788 Sutherland Avenue, Naples, FL 34119	□Add
			=Remc
			□Chanį
<del></del>			□Add
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			🗆 Change
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			□Add
			□Remove
			□Change

If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec Note:   I	e date, if other than the date of filing:
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af d.
Dated _	0/03
	JA J
	Signature of a member or authorized representative of a member
	Kenia Yanes
	Typed or printed name of signee