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(Req	uestor's Name)	
(Addi	ress)	
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(City/	State/Zip/Phone #	/)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Swagalicious LLC Hame of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Vinda G. Bak Name of Person	
	Swagalicious LLC Firm/Company	
	2850 34th St. N. Unit 11	
	St. Petersburg, FL 33713 City/State and Zip Code Shelterswag @ gnail. com E-mail address: (to be used for littlier annual report notification)	
	E-mail address: (to be used forfuture annual report notification)	
For fu	ther information concerning this matter, please call:	
	inda Bak at (77) 373-8845 Name of Person Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
¥ \$2	5.00 Filing Fee Sade Status St	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Swagalici	ous
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
(Name of the Limited Liability Companies of Organization for this Limited Liability Company Florida document number 1900203658 This amendment is submitted to amend the following:	were filed on 08/09/2019 and assigned
This amendment is submitted to amend the following:	二 三 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二
A. If amending name, enter the new name of the limited liabi	2
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	2850 34th St N Unit 11 Saint Petersburg, FL 33713
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2850 34h St. N Unit 11 Saint Petersburg, FL 33713
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
New Registered Office Address: 28	50 344 St N 1 Lnit 11
Saint Pe	Finer Florida street address Lersburg Florida 33713 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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ffective	date, if other than the date of filing: (optional)
	we 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed	
	02/15/2020
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ated	Signature of a member or authorized representative of a member