# L19 000211506

(Requestor's Name)	
(Address)	700345577
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
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## **COVER LETTER**

	gistration Section rision of Corporations	•				
SUBJECT	SAWARTHIA WHOLESALE	DISTRIBUT	TON GR	OUP LLC		
	Name of Foreign	n Limited Liab	ility Comp	any		
Dear Sir or	Madam:					
The enclose	ed application, certificate and fee(s) a	are submitted f	or filing.			
Please retur	n all correspondence concerning this	s matter to the	following:			
NISHA	NT SAWARTHIA					
	Name of Person		-			
	Firm/Company		-		20	
8725 N	IW 18TH TERRACE, S	STE 208			(D)	· ·
	Address		-		رُنَ	1.2.2.4 1.2.2.4 1.2.2.4
DORA	L, FL 33172				<u> </u>	i G Sis
	City/State and Zip Code	,	-		SH: F5	
	@krishnawireless.com		<del>.</del> .			70 (7)
E-man ac	Idress: (to be used for future annual)	report notificat	ion)			
	information concerning this matter, p	olease call:				
KRISH	IAN K GARG	at ( <u>954</u>	<sub>.)</sub> 636-(	6424		
	Name of Person	Area Code	& Daytim	e Telephone Number		
Reg Div Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301		Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, Florida 32314		
Enclosed is ■ \$25 Filii	a check for the following amount:  ng Fee \$\sum \text{\$\sum \$30 Filing Fee &}\$  Certificate of Status		ig Fee & I Copy	S60 Filing Fee, Centificate of Stat Certified Copy	us &	

CR2E055 (9/15)



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June 26, 2020

NISHANT SAWARTHIA 8725 NW 18TH TERRACE, STE 208 DORAL, FL 33172

SUBJECT: SAWARTHIA WHOLESALE DISTRIBUTION GROUP LLC

Ref. Number: L19000211506

We have received your document if for SAWARTHIA WHOLESALE DISTRIBUTION GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 020A00012673

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### SAWARTHIA WHOLESALE DISTRIBUTION GROUP 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	AUGUST 19, 2019	and assigned		
Florida document numberL19000211506				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company h	e <u>re</u> :			
SWDG LLC.				
The new name must be distinguishable and contain the words "Limited Liability Company." the d	lesignation "LLC" or the abbr	eviation "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 r	ecords, <u>enter the name</u>	of the new registere		
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
Enter Flor	Enter Florida street address			
	Florida			
		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 c	capacity. I further agree	to comply with the		

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 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>	Address	Type of Action
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			□Remove
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