L19 CC 251512

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COVER LETTER

	Registration S Division of Co			
CHBIEC	EPC SW2	64. LLC		
SUBJEC	.1;	Name of Lin	mited Liability Company	
The enclo	osed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please ret	um all corresp	ondence concerning this matte	r to the following:	
		Frank McPhillips		
			Name of Person	
		McPhillips Law Firm PA		
			Firm/Company	
		2525 Ponce de Leon Blvd	.; #300	
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		Frank@re.legal		
		E-mail address:	to be used for future annual report	notification)
For furthe	r information c	concerning this matter, please of	all:	
Frank Mc	Phillips		305 374-0448	3
	Name o	f Person		rtime Telephone Number
Enclosed i	s a check for th	ne following amount:		
≘ \$25,00) Filing Fee	S30.00 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)
	lailing Addres		Street Address:	
	egistration Solvision of C		Registration : Division of C	
	O. Box 632		The Centre o	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPC SW264, LLC			
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)		
The Articles of Organization for this Limited Liability Company were filed on	October 7, 2019	and assigne	ed
Florida document number L19000251512		_	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :		
SW 264, LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbrev	iation "L.L.C.	,,
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		,	
		2	
	[-	<u>(</u>	
Enter new mailing address, if applicable:		. 25	
(Mailing address MAY BE A POST OFFICE BOX)	i		[1]
	19		
		· · · · · ·	
B. If amending the registered agent and/or registered office address on ou	r records, enter the name of		
agent and/or the new registered office address here:	-		
Name of New Registered Agent:			
New Registered Office Address:			
Enter i	Florida street address		
	, Florida		
City		in 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 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
			□ Add
			□Remove
			□Change
			□Add
			Remove
		 	
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Iffective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this billocument's effective date on the D	t be specific and can ock does not meet	not be prior to the applicab	date of filing or m le statutory filin	(optic ore than 90 days after g requirements, this	onal) filing.) Pursuant to 605. date will not be liste	.020 ed ne
record specifies a delayed effectiv J is filed.	e date, but not an o	effective time	c, at 12:01 a.m. (on the earlier of: (b)	The 90th day after	the
January 18	20	021				
SMIK	,, ,,					
α	Signature of a mem	ber or authoriz	ed representative	of a member		

Filing Fee: \$25.00