## 119000259704

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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of C	orporations		
	Far Content LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Tara Caguiat		
		Name of Person	
	Near and Far Content LLC		
		Firm/Company	<del></del>
	3012 Hawthorne Street		
		Address	· · · · · · · · · · · · · · · · · · ·
	Sarasota, FL 34239		
	<del>:</del>	City/State and Zip Code	
	tara@sheneedsless.com		
		to be used for future annual report no	dification)
For further information	n concerning this matter, please ca	all:	
Tara Caguiat		941 3761433 at ()	
Nam	e of Person	Area Code Daytir	me Telephone Number
Enclosed is a check fo	r 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 Add		Street Address:	action
Registratio Division of	n Section f Corporations	Registration Se Division of Co	
P.O. Box 6	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Near and Far Content LLC

(Name of the Limited Liability Company as it now appears on our records.

( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears (a Limited Liability Company)	on our records.)	9
The Articles of Organization for this Limited Liability C Florida document number 1.19000259704	Company were filed on Octo	ber 16, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here	<u>e</u> :	
Swell Copy LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:		2001	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our rec	ords, <u>enter the</u>	name of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	la street address	
		, Florid	
	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 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
ANDD	A A L

VICIL	······································	
AMBR =	<ul> <li>Authorized</li> </ul>	Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
			□Add
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Effective date, if other than the	date of filing:		(opti	nnal)
(If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be lock does not meet the ap	plicable statutory	or more than 90 days after	filing.) Pursuant to 605.0207 (3
he record specifies a delayed effection or dis filed.	/e date, but not an effecti	ve time, at 12:01	a.m. on the earlier of; (b	) The 90th day after the
Dated May 20	. 2020	·		
	OTAMA	Coquest		
	- An la	L- 10000		
<del></del>	Signature of a member or	authorized represen	tative of a member	<u> </u>