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COVER LETTER

TO:	Registration Se Division of Cor						
ern rez		NES OF SWFL LLC					
SUBJEC	.1:	Name of Lin	Name of Limited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		SHERRY COTTINI					
			Name of Person				
		LOVED ONES OF SWFL					
			Firm/Company				
		6037 TIERRA ENTRADA	A				
		,	Address				
		NORTH FORT MYERS.	FL 33903				
			City/State and Zip Code				
		SHERRY.COTTINI@GM/					
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification) all:				
SHERR	Y COTTINI		239 77()-7711 at ()				
	Name o	f Person	Area Code Daytime Telephone	: Number			
Enclosed	l is a check for th	ne following amount:					
■ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)			
	Mailing Addres Registration 5		Street Address: Registration Section				
Registration Section Division of Corporations			Division of Corporations	5			
	P.O. Box 632	7	The Centre of Tallahasse				
	Tallahassee, l	L 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOVED ONES OF SWELLIC (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 JAN, 1, 2020 Florida document number | L 19000279900 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation #LLC Enter new principal offices address, if applicable: (Principal c)fice 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cav

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Z.p Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHERRY COTTINI		□Add
July W	President		□Remove
71		6037 TIERRA ENTRADA, N.	FT. MYERS, FL 33905 ■Change
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Dated JAN, 12	- Su	<u></u>	2020	 H- ;					
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	Sign	nature of a m	ember or aut	horized repres	sentative of a r	nember			

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