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(Requestor's Name)
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PICK-UP WAIT MAIL
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JUL 2 5 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: SwFL Lift Name of	Rentals LCC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
E,	Pedi Come z Name of Person
Sw	FL Lift Rentals LLC Firm/Company
	oth Ave SE
Napres,	FL 34117  City/State and Zip Code  -1229 Cicloud. Com  ss: (to be used for future annual report notification)
E-mail addre	-1229 Cicloud. Com ss: (to be used for future annual report notification)
For further information concerning this matter, plea-	
Fredi Gomez Name of Person	at (239) 404 4932 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  See Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

to 15 LLC it now appears on our records.) ity Company)
it now appears on our records.)
e filed on 1/21/2020 and assigned
company here:
ompany," the designation "LLC" or the abbreviation "L.L.C."
J/A
<del></del>
//A
ess on our records, <u>enter the name of the new registered</u>
Enter Florida street address
City Zin 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
<u>CEO</u>	Fredi Gomez	2730 30th Ave SE	C <del>J</del> Ádd
		Naples FL 34117	□Remove
	\	<u> </u>	□Change
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I WOUL	d like	to	add	the	EIN	
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: If the date inserte	r than the date of fil the date must be specific d in this block does no te on the Department of	t meet the appl	icable statutory fi	r more than 90 ling requiren	(optional) days after filing.) Purs tents, this date will r	uant to 605 not be list
ord specifies a delay filed.	ved effective date, but	not an effective	time, at 12:01 a.r	n. on the earl	ier of: (b) The 90th	ı day afte
d <u>Tune</u>	14	202	0.			
	Signature o	'a member or au	thorized representat	ive of a memb	er	
	<b>C</b>		•			

Filing Fee: \$25.00