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SECRETARY OF STATE

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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	cily's Bar	gains	LC		
	Name of La	inited Liability Co	ompany		
The enclosed Articles of A	Amendment and fee(s) are so	ubmitted for filir	g.		
Please return all correspon	ndence concerning this matte	er to the following	ng:		
	Aidili	1 Miz Name of	Yach) Person		. 2
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		Firm/Co	mpany		
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For further information co	oncerning this matter, please	call:			
Addin Name of	y Hizvac		39, 246 a Code Daytim	H 10) c Telephone Number	
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certific	Filing Fee & ed Copy al copy is enclosed)	Certified (e of Status &
Mailing Address Registration S			Street Address: Registration Sec	ction	
Division of Co			Division of Cor		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Bargains bility Company as it now appears	on our records.)
(A Flo	ibility Company as it now appears orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on $\frac{2}{397}$	$\frac{12012020}{12020}$ and assigned
This amendment is submitted to amend the following	z :	
A. If amending name, enter the new name of the	limited liability company he	re:
SWFL Consul	Hina Servi	ices We
The new name must be distinguishable and contain the words "	Limited Liability Company," the de	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL		
		SET H
Enter new mailing address, if applicable:		Ot Ot
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
	<u> </u>	<u> </u>
B. If amending the registered agent and/or registe agent and/or the new registered office address her		cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
		, Florida
	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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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fective date, if other than the date of the other offective date is listed, the date must be specified. If the date inserted in this block document's effective date on the Department.	ecific and o es not mo	cannot Be pr eet the app	ior to date o licable stat	f filing or m	ore than 90	(option days after finents, this c	ling.)	Pursua will no	nt to 605.02 t be listed
ecord specifies a delayed effective date, is filed.	but not a	an effective	e time, at 1	2:01 a.m. c	on the earl	ier of: (b)	The	90th (day after ti
ted February 21		<u> 20 :</u>	2/						
A		ember or au		\geq					