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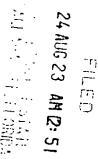
(Requestor's Name)
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COVER LETTER

ΓO: Registration Se Division of Cor			
	Group, LLC		
SUBJECT:	Name of Lim	ted Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard Swerdlow		
		Name of Person	
	Swerdlow Group, LLC		
		Firm/Company	
	2901 Florida Avenue, Suite	: 806	
		Address	
	Miami, FLorida 33133		
		City/State and Zip Code	
	rich@swerdlow.com E-mail address: ()	o be used for future annual report notificatio	n)
For further information c	concerning this matter, please ca		
Richard Swerdlow		954 401-5100	
Name o	f Person	at () Area Code Daytime Tele	phone Number
Enclosed is a check for t			
□ \$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 Address Registration 1 Division of C P.O. Box 632 Tallahassec.	Section Corporations 27	Street Address: Registration Section Division of Corpora The Centre of Tallaf 2415 N. Monroe Str	tions nassee
Tallahassee,	FL 32314	2415 N. Monroe Str Tallahassee, FL 323	

* Check previously sent and processed for \$35 see cover letter from Division of Corporations attached

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Swerdlow Group, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000065635}{1.20000065635}$.	were filed on February 27, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	,
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		NUG 23 AM 12: 51
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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

Title	<u>Name</u>	Address	Type of Action
AMBR	Richard Swerdlow	2901 Florida Avenue, Suite 806	■Add
		Miami, Florida 33133	
			Change
			DAdd
			□Remove
			□Change
		□Add	
			🗆 Remove
			□Change
			□ Add
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(If an effe Note:	ive date, if other than the date of filing:	
he record ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ie
Dated :	August 13 2024	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00