## L20000074013

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### **COVER LETTER**

TO: Registration Se Division of Cor	ction porations		
SUBJECT:	AG S Name of Limit	SW 8+12 LLC ited 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:	
	Λ ( ς	Same of Pelson 1	BLANCO
	760	Firm/Company	- 480 M
	COCETAIR	Address	315t JA
	Miami F	L 33137	Unit 2105
	E-mail address: (i	City/State and Zip Code  O be used for future annual report noti	189@GMail.Con
For further information c	oncerning this matter, please ca	all:	
G CC	SOY BLANCC	at ( <u>786</u> ) <u>443</u> Afea Code Daytimo	e Telephone Number
Enclosed is a check for the	ne 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	2079 AU - 31 F. 116: 59  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000 74013</u> .	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ulity company here:
The new name must be distinguishable and contain the Words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	480 NE 31St St Unit 2105 Miami, FL 33137
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	480 NE 31St St Vnit 2105 Mami, Fr 33137
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 2020 Al - 31 All 10: 59	Type of Action
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cumer	's effective date on the Department of State's records.	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after t
is file		
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	Signature of a member or authorized representative of a member	
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