LZO 000078743

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MAR 2 6 2021
S. YOUNG

COVER LETTER

	Registration Sec Division of Corp			
CUD IE	Swanky Ente	=	•	
SUBJEC	or:		ited Liability Company	
The encl	losed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		Martiele Swanko		
			Name of Person	
		Swanky Enterprises.LLC		
			Firm/Company	
		19420 NW 7th Street		
			Address	
		Pembroke Pines FL 33029		
			City/State and Zip Code	
		marticlepswanko@gmail.co	om to be used for future annual re	port notification)
For furth	ner information co	ncerning this matter, please ca		,
Marticle	Swanko		,	4880
	Name of	Person	at () Area Code	Daytime Telephone Number
Enclosed	is a check for the	following amount:		
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
	Mailing Address Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Division The Cent 2415 N.	dress: ion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Swanky Enterprises, LLC		207
(Name of the Limited Li (A Fl	ability Company as it now appears on our records. orida Limited Liability Company)	TEB III
The Articles of Organization for this Limited Liabili	ity Company were filed on 3/11/2020	and assigned
Florida document number L20000078743		
This amendment is submitted to amend the following	g:	6: 29
A. If amending name, enter the new name of the	limited liability company here:	•
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET AI		
Timesput Office and ess Medi DE 71 OF IDE 1		
	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	Q .	
3. If amending the registered agent and/or regist	tered office address on our records, enter t	the name of the new regist
gent and/or the new registered office address he		
Name of New Registered Agent:		
Nov. Posigtaged Office Address.		
New Registered Office Address:	Enter Florida street address	
-	, Flo	rida 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 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
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗀 Add
			□Remove
			[] Change

Swai	ky Enterprises, LLC is	engaged in selling merc	handise to consumer	s in the State of Florida	
and	on the World Wide wide	under the brand name	of Kingdom Warrior	s as well as others.	
					
					
					
-					
		 		 .	
					
an effectiv ote: If tl	date, if other than the edate is listed, the date must be date inserted in this blackerive date on the D	st be specific and cannot be lock does not meet the a	applicable statutory f	(option r more than 90 days after fi lling requirements, this o	ling.) Pursuant to 605.020
record sp is filed.	ecifies a delayed effectiv	re date, but not an effect	tive time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
Fel	оплагу 5,	2021			
		, 	 •		

Typed or printed name of signee