## L20000180779

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

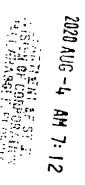




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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
eud ie <i>c</i> s	SCW Real I	Estate, LLC		
SUBJEC <sup>*</sup>	1:	Name of Lim	ited Liability Company	<del></del>
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		indence concerning this matter	_	
		Vanessa Jean-Poix Hippoly	yte	
			Name of Person	
		SCW Real Estate, LLC		
			Firm/Company	
		7154 North University Dri	ve, Suite 260	
		· <del></del>	Address	
		Tamarac, FL, 33321		
		<del></del>	City/State and Zip Code	
		jeanpoixvanessa@gmail.com		
			to be used for future annual report	notification)
For furthe	r information co	oncerning this matter, please ca	all:	
Vanessa J	lean-Poix Hippo	olyte	954 557-0512	
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	0 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 Addres		Street Address	
	Registration S		Registration	
	Division of C P.O. Box 632	•	Division of C The Centre o	Lorporations of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCW Real Estate, LLC			. 2	
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	E SULL SECTION OF THE	
The Articles of Organization for this Limited L	iability Company	were filed on 6/29/2020	and assigned	
Florida document number L.20000180779			ACCUMANTAL MANAGEMENT OF THE PARTY OF THE PA	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	vility company here:	~~~ <b>~</b>	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	Vancssa Jean-Poix Hippolyte		
(Principal office address MUST BE A STREE		7154 North University Drive,	North University Drive, Suite 260	
		Tamarac, FL, 33321		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or ragent and/or the new registered office address			the name of the new registere	
Name of New Registered Agent:	V dilessa seali-i	ola rrippolyte		
Name of New Registered Agent:	<u></u>			
Name of New Registered Agent:  New Registered Office Address:	<u></u>	iversity Drivee, Suite 260  Enter Florida street addres	SS	
	<u></u>	iversity Drivee, Suite 260  Enter Florida street addres	orida <u>33321</u>	

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.

Manusor Hum dill T Il 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
AMBR	Vanessa Jean-Poix Hippolyte	7154 North University Drive, Suite 260	
		Tamarac, FL, 33321	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			Change
			□Add
			□ Remove
			Change
		□ Add	
	<del> </del>	□Remove	
	<del></del>		□Add
			□Remove
			□ Change

1.Update/change name of Regis	stered agent to match driver license (See attachment).
Change from Vanessa Jean Poix	x to Vanessa Jean-Poix Hippolyte
2. Adding Authorized Person(s)	) Detail: added Vanessa Jean-Poix Hippolyte
3. Change/Update address	
a.Principal Address,b.Mailing A	Address,c.Registered Agent Name & Address
<del></del>	
-	
ffective date, if other than the data an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 k does not meet the applicable statutory filing requirements, this date will not be listed as the
record specifies a delayed effective d I is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated August 1	$\frac{2020}{\sqrt{2}}$ .
Lange !	han lais tit
Si	snature of a member or authorized representative of a member
Vanessa Jean-Poix Hippoly	Haw live the grant of a member of a member