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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	s Painting Cr.	ited Liability Company		
	amendment and fee(s) are sub	-		
	Jeo	Name of Person		
		Firm/Company		702
	1321 W	TNDIFS WAY Address		7021 JUIL 18 PH 4: 18
		ntank FL 3 City/State and Zip Code	3462	8 PH 4: II
For further information co	E-mail address: (ncerning this matter, please co	un OBIDE gmuil. Lo to be used for future annual report noti all:	fication)	æ.
Jerry Name of	Philippe Person	at (<u>56al</u>) <u>- 853</u> Area Code Daytim	e 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 enclosed)	S60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	us &

TO:

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

Swiftact Limited L (Name of the Limited Liability Compan (A Florida Limited Li	iability (ompany)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on 67/16/2020 and assigned
This amendment is submitted to amend the following:	· 283
A. If amending name, enter the new name of the limited liabile D&J S Pair Fire Clew LLC	lity company here:
D&J's Painting CIEW LLC	- 1 THE
The new name must be distinguishable and contain the words "Limited Liabilit	ity Company," the designation." LC" or the abbreviation "Lett.G."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1321 West Indies way Lantona, FC 33462
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress 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 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
MGR	3390 Jerry Philippe	1321 wast Indies way cantang	□Add
		FL 33462	□Remove
			□Change
MGR	340 Datroice Jeune	620 W Branch St Lunian	<u>M</u> □Add
		Florida 33462	Remove
MGR:	Jean Philippe	FLORIDA 33462 BZI West Indies way continu	Change Change
	ι '	FC 37462	∞ □Remove
			□Change
			□Add
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Jarry Philippe	3390
Buth Datruice Jeure	33%
Jean Philippe	35%
	717.
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and ca Note: If the date inserted in this block does not mee document's effective date on the Department of Stat	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 et the applicable statutory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not an rd is filed.	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 6/16/2021	
Dated 6/16/2021	ember or authorized representative of a member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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