

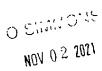
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10/25/21--01019--001 ++25.00





COVER LETTER

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SWFL Aboveground, LLC					
SUBJECT:Name of Limited Liability Company					
d Articles of	Amendment and fee(s) are sul	omitted for filing.			
n all correspo	ondence concerning this matter	to the following:			
	Augustin G. Simmons				
		Name of Person			
	O'Halloran & Simmons, P	LLC			
Firm/Company					
2080 McGregor Blvd., Suite 300					
Address					
Fort Myers, FL 33901					
	-	City/State and Zip Code			
nformation co		•	tification)		
Simmons		239 204-9376			
Name of Person			me Telephone Number		
check for th	e following amount:				
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 Se Division of Co The Centre of	rporations		
	SWFL About SWFL About Articles of a all corresponding Simmons Name of the Check for the Ciling Fee distraction of Co. Box 632	Name of Linda Articles of Amendment and fee(s) are sult in all correspondence concerning this matter. Augustin G. Simmons O'Hafluran & Simmons. P 2080 McGregor Blvd Su Fort Myers. FL 33901 Gus@oslegalgroup.com.co E-mail address: (antionation concerning this matter, please of Simmons Name of Person A check for the following amount: Filing Fee	SWFL Aboveground, LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. and correspondence concerning this matter to the following: Augustin G. Simmons Name of Person O'Halloran & Simmons, PLLC Firm/Company 2080 McGregor Blvd., Suite 300 Address Fort Myers, FL 33901 City/State and Zip Code Gus@oslegalgroup.com.com E-mail address: (to be used for future annual report no nformation concerning this matter, please call: Simmons Name of Person Area Code Dayting Fee & Certificate of Status Certificate of Status Certificate copy (additional copy is enclosed) Ling Address: gistration Section rision of Corporations Division of Coporations Division of Corporations Division of Corporations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

概, ULT 25 PH 5: 42 SWFL ABOVEGROUND, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/19/2020 and assigned Florida document number L20000241607 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: O'Halloran & Simmons, PLLC Name of New Registered Agent: 2080 McGregor Blvd., Suite 300 New Registered Office Address: Enter Florida street address

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.

City

Fort Myers

If Changing Registered Agent, Signature of New Registered Agent

Augustin Simuons

_____. Florida 33901 Zip Code 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
AMBR	Daniel Schuyler	17690 Canal Cove Ct.	
		Fort Myers Beach, FL 33931	≣Remove
			□Change
	Beach Boyz Rev. Trust dated	17690 Canal Cove Ct.	= Add
	10/19/2021, Daniel Schuyler Trustee	Fort Myers Beach, FL 33931	□ Remove
			🗀 Change
		-	□Remove
		-	□Change
			□ Remove
			Change
			🗆 🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member Daniel Schuyler Typed or printed name of signee

Filing Fee: \$25.00