

To:

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2023-04-26 18:11:14 GMT

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From: Darren Wallace

4/26/23, 2:05 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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((H23000155953 3)))



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To:

Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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SWWS FL, LLC

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Corporate Filing Menu

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T. LEMIEUX

APR 27 2023

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

FAX AUDIT NO.: H23000155953.3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWWS FL, 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 9/11/2020 and assigned
Florida document number L20000285089.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2442 Rockfill Road

Fort Myers, FL 33916

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2442 Rockfill Road

Fort Myers, FL 33916

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:

Name of New Registered Agent:

Charles Lomangino

New Registered Office Address:

2442 Rockfill Road

Enter Florida street address

Fort Myers

Florida

City

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 Changing Registered Agent, Signature of New Registered Agent

FAX AUDIT NO.: H23000155953.3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Charles Lomangino	2442 Rockfill Road, Fort Myers, FL 33916	☒ Add
		482 Manner Drive, Jupiter, FL 33477	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

FAX AUDIT NO.: H23000155953.3

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