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COVER LETTER

TO:	Registration Se Division of Cor				
CT:D 10	zer.	Succession Summer of Lim	1. C. He.	Guerre	
SUBJE		Name of Lim	ited Liability Company	CIVINAS	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Jared	Sore		
			Name of Person		
		-	Firm/Company		
		P.O. Bo	x 5/9 Address		
		Truton	FL 326 City/State and Zip Code	95	
		Synamic M E-mail address: (0	FL 326 City/State and Zip Code Mey gutter gw o be used for future Innua	us @ gma./	1. com
For fur	ther information co	oncerning this matter, please ea		-	
	Jared Name of	Gorc	at (<u>352</u>) Area Code	535 - 52 (47 none Number
Enclosy	ed is a check for th	e following amount:			
区 \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er		S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S	ection	-	ration Section	
	Division of Co	orporations	Divisio	on of Corporation	ons

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000 33338</u> .		_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile. Sweanee Valley Guffers L. The new name must be distinguishable and contain the words "Limited Liabile. Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	Trenton, FL 326	93
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	P.O. Box 519 Trenton, FL 326 ddress on our records, enter the name of	
Name of New Registered Agent:		2
New Registered Office Address:		
	Enter Florida street address	÷
	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Caj	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fam rovided for in Chapter 605, F.S. Or, if t	iliar with and his document is

If 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
			□Add
			□Remove
			□Change
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Add
			□Remove
			∏ Change

	
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<u>Note:</u> If	e date, if other than the date of filing:
record : d is filed	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 l.
Dated	March 26. 2021.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00