

h20000391715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

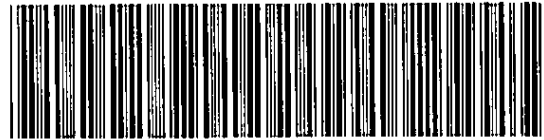
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SWIZZY EXOTIC RENTALS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUNIOR DEMELIES

\_\_\_\_\_  
Name of Person

SWIZZY EXOTIC RENTALS LLC

\_\_\_\_\_  
Firm/Company

4300 N UNIVERSITY DRIVE STE F-100

\_\_\_\_\_  
Address

LAUDERHILL, FL 33351

\_\_\_\_\_  
City/State and Zip Code

JDmelies@swizzyxotic.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUNIOR DEMELIES

863 254-5041

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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)

☐ \$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 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**

SWIZZY EXOTIC RENTALS 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 12/15/2020 and assigned  
Florida document number L20000391715.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SWIZZY EXOTIC LLC

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)**

**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:**

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 Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

Country	1950	1960	1970	1980	1990	2000	2010	2020	2030	2040	2050
Japan	7	8	10	12	14	16	18	20	22	24	26
Germany	10	11	12	13	14	15	16	17	18	19	20
France	11	12	13	14	15	16	17	18	19	20	21
Italy	12	13	14	15	16	17	18	19	20	21	22
Spain	13	14	15	16	17	18	19	20	21	22	23
Sweden	14	15	16	17	18	19	20	21	22	23	24
United Kingdom	15	16	17	18	19	20	21	22	23	24	25
United States	16	17	18	19	20	21	22	23	24	25	26
Canada	17	18	19	20	21	22	23	24	25	26	27
South Korea	18	19	20	21	22	23	24	25	26	27	28
China	19	20	21	22	23	24	25	26	27	28	29
India	20	21	22	23	24	25	26	27	28	29	30
Indonesia	21	22	23	24	25	26	27	28	29	30	31
Brazil	22	23	24	25	26	27	28	29	30	31	32
Mexico	23	24	25	26	27	28	29	30	31	32	33
Argentina	24	25	26	27	28	29	30	31	32	33	34
Colombia	25	26	27	28	29	30	31	32	33	34	35
Venezuela	26	27	28	29	30	31	32	33	34	35	36
Peru	27	28	29	30	31	32	33	34	35	36	37
Ecuador	28	29	30	31	32	33	34	35	36	37	38
Bolivia	29	30	31	32	33	34	35	36	37	38	39
Paraguay	30	31	32	33	34	35	36	37	38	39	40
Uruguay	31	32	33	34	35	36	37	38	39	40	41
Chile	32	33	34	35	36	37	38	39	40	41	42
Costa Rica	33	34	35	36	37	38	39	40	41	42	43
Panama	34	35	36	37	38	39	40	41	42	43	44
Dominican Republic	35	36	37	38	39	40	41	42	43	44	45
Honduras	36	37	38	39	40	41	42	43	44	45	46
Guatemala	37	38	39	40	41	42	43	44	45	46	47
Nicaragua	38	39	40	41	42	43	44	45	46	47	48
El Salvador	39	40	41	42	43	44	45	46	47	48	49
Haiti	40	41	42	43	44	45	46	47	48	49	50
Jamaica	41	42	43	44	45	46	47	48	49	50	51
Trinidad and Tobago	42	43	44	45	46	47	48	49	50	51	52
Barbados	43	44	45	46	47	48	49	50	51	52	53
Suriname	44	45	46	47	48	49	50	51	52	53	54
Guyana	45	46	47	48	49	50	51	52	53	54	55
French Polynesia	46	47	48	49							

[illegible]

**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.

Dated 10/25/2021

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Junise Remedies  
Typed or printed name of signer

Typed or printed name of signee