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	Division of Corporations		
	Fax Number : (850)617-6383		
From:			
	Account Name : CAPITOL SERVICE	ES, INC.	
	Account Number : I20160000017		
	Phone : (855)498-5500 Fax Number : (800)432-3622		
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VENTURES, LLC***			-

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DocuSign Envelope ID: 2497DD98-35C4-4A50-81E7-34281A30532E ARTICLES OF AMENDMENT

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Swiftere ventures, LLC		<u></u>
(Name of the Limited Lia	bility Company as it now appears on our records.) rida Limited Liability Company)	2
(A riu	nda filmitee filability Company)	조취 🗭
The Articles of Organization for this Limited Liability	v Company were filed on January 19, 2021	and assigned
Florida document numberL21000034713	.	
This amendment is submitted to amend the following	•	· 'C')
This ancidinent is subfinited to affected the following	•	98 99 99 99
A. If amending name, enter the new name of the l	imited liability company here:	₹ 5
Swifture Ventures Florida, LLC		
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the	ie abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
• • •		
(Principal office address MUST BE A STREET AD	URESS)	
		 -
Enter new mailing address, if applicable:		
	-	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe		name of the new registered
agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
Manie of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	a
	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.

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_____ Change

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H amending Authorized rerson(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Elective date, if other than the date of filing: (a) (optional) In 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 (lote; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as focument's effective date on the Department of State's records. The optional of the date of the 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 dis filed. December 8 December 8 December 8 Stated December 8 Signature of a member or authorized representative of a member Sid Jawahar, Manager						
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