L21000059638

(Requestor's Name)
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COVER LETTER

TO: Registration Division of C			
	VESTMENTS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	SANDRA CAMACHO		
		Name of Person	
	SANDRA CAMACHO		
		Firm/Company	
	6547 Midnight pass Rd #5	0	
		Address	
	Sarasota FL 34242		
		City/State and Zip Code	
	spilarcamacho@gmail.com	to be used for future annual report notil	ication)
For further information	a concerning this matter, please c	•	ication
SANDRA CAMACHO Name of Person		941 7267317 at ()	E Telephone Number
ivani	e of retson	Alea Code Daytille	retephone Number
Enclosed is a check fo	r 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 Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JSW INVESTMENTS LLC		
(Name of the Limited Liability (A Florida)	v Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Collorida document number L21000059638	ompany were filed on 02/01/2021	and assigned
This amendment is submitted to amend the following:	_ ∙	
. If amending name, enter the new name of the limit	ted liability company here:	
SW CONSULTING GROUP LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDR</u>	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, <u>enter t</u>	he name of the new registere
agent and/or the new registered office address here:		r
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street address	
	Enter r toriau street adaress	
		rida Zip Code
	City	z.ų 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 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
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			□Remove
			□ Change
			□Add
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Typed or printed name of signee