

L27006077428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

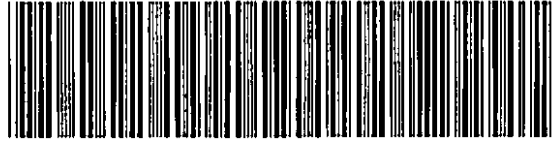
(Document Number)

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21 MAR 12 PM 12:32
DIVISION OF CORPORATIONS
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Swift Leaf Organics 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:

CODY BURKE

Name of Person

Swift Leaf Organics LLC

Firm/Company

7901 4th St N STE 300

Address

ST. PETERSBURG, FL 33702

City/State and Zip Code

CODY@ARTMUSE.CLUB

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CODY BURKE

Name of Person

at (443)

Area Code

710-3313

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 MAR 12 PM 12:32

Swift Leaf Organics 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 02/15/2021 and assigned
Florida document number L21000077428.

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)

7901 4th St N

STE 300

St. Petersburg FL 33702

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 4th St N

STE 300

St. Petersburg FL 33702

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:

Registered Agents Inc.

New Registered Office Address:

7901 4th St N STE 300

Enter Florida street address

St. Petersburg

City

Florida 33702

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

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

2011
TALLAHASSEE
SECRETARY OF STATE
DIVISION OF CORPORATION

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>21 MAR 12 PM 12:32</u> | <u>Type of Action</u> |
|--------------|-------------|--------------------------|---------------------------|---|
| AMBR | AIDAN TEEL | 7901 4th St. N | | <input checked="" type="checkbox"/> Add |
| | | STE 300 | | <input type="checkbox"/> Remove |
| | | St. PETERSBURG, FL 33702 | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
DIVISION OF CORPORATION

21 MAR 12 PM 12:32

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 MARCH 8 . 2021



Signature of a member or authorized representative of a member

CODY A. BURKE

Typed or printed name of signee