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COVER LETTER

TO: Registration Se Division of Cor				
SURJECT:	Jal Swag L Namp of Lim	./ C		
300000011 <u></u>	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		-		
Please return all correspo	ondence concerning this matter	to the following:		
	Me	Linda William Name of Person	5	
	A)	al Sivas LLC Firm/Company		
	468	South Spring	Garden Ave	
	Deland	FL, 32720 City/State and Zip Code		
	aigleu	RVCS (a) (Jahov. C) to be used for future annual report noti	061	
	E-mail address: (to be used for future annual report noti	lication)	
For further information c	oncerning this matter, please c	all:		
	Williams	at (<u>326) 248 .</u> Area Code Davim	1533	
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:		;	CD
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee: Certificate of Status & Certified Copy (additional copy is enclosed)	
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Mailing Addres		Street Address:		
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P.O. Box 632 Tallahassee, l		The Centre of T	allahassee e Street, Suite 810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	ssigned
Florida document number <u>L2100083386</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
\mathcal{N}/\mathcal{A}	
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)	
	<u></u> -
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne	ew registered
agent and/or the new registered office address here:	
$\lambda (in)$	
Name of New Registered Agent: N/H	
New Registered Office Address:	
Enter Florida street address	(3)
, Florida, 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 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
MGR	Anya I Lacey	582 Blue Springs Court	□Add
		582 Blue Springs Court Orange City F1 32762	Remove
			□Add
			□Remove
			□Change
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If amending any other information, enter change(s) here: (Attach additional sheets,		
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirement occument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 1 is filed.	of: (b) The 90th day after	the
Dated July 19, 2021. 2021 Me Feeda 21 Juans		
Signature of a member or authorized representative of a member Color Color Color		