## 621000092268

(Requestor's Name)		
(Ad	dress)	
	dress)	
(//u	uiess)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
•	•	•
(D)	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
opecial manucions to	Timing Officer.	

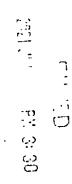
Office Use Only



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07/14/21--01010--020 \*\*30.00

8/2/21



## **COVER LETTER**

TO: Registration Se Division of Con							
Swanky La	ne, LLC						
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Rayshawn Engram						
		Name of Person					
	Swanky Lane, LLC						
		Firm/Company					
	506 Finch Court						
	<del></del>	Address	<del></del>				
	Kissimmee, FL 34759						
		City/State and Zip Code					
	swankylane.shop@gmail.co		<del></del>				
E Call No.		to be used for future annual report notif	ncation)				
For further information of	oncerning this matter, please of	all:					
Rayshawn Engram		407 739-8988 at ( )					
Name o	f Person	Area Code Daytime	e Telephone Number				
Enclosed is a check for t	he 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 Addres		Street Address: Registration Sec	etion				
Registration Section Division of Corporations		Division of Corporations					

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	and assigned
LLC" or the a	bbreviation "L.L.C."
	bbreviation "L.L.C."
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. Florida	平 寸
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	Zip Codg
ic	dress

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>	<u>Address</u>	Type of Action
MGR	Rayshawn Engram	506 Finch Court Kissimmee, FL 34759	
			□Remove
MGR	Chanzie Engram	506 Finch Court Kissimmee, FL 34759	
			□Remove
			© Change
AMBR	MaKenzie Engram	506 Finch Court Kissimmee, FL 34759	<b>=</b> Add
			⊡Remove
		□ Change	
			□Remove
			□ Change
			☐ Change>
			زې ⊡Changes
	<del> </del>		□Add
			□ Remove
			□Change

D. If amending any other inform	nation, enter change(s) here: (Attach ad	ditional sheets, if necessary.)
<u> </u>		
		<del></del>
	<del></del>	
		<del></del>
<del></del>		<del> </del>
E. Effective date, if other than t (If an effective date is listed, the date i Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) filing requirements, this date will not be listed as the
If the record specifies a delayed effect record is filed.	tive date, but not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 90th day after the
Dated July 12	2021	
Rays	haun Empan	ative of a member
(/ Rayshawn Engram	Signature of a ingulater of authorized represent	ante of a memoer

Typed or printed name of signee