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Office Use Only

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## zenbusiness

Jan 7, 2022

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

**RE: SWFL Home Pros LLC** 

To Whom It May Concern:

\_\_\_\_Attached please find the executed <u>CERTIFICATE OF AMENDMENT</u>. for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Kelly Castro 5511 Parkcrest Dr., Suite 103 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you,

Kelly Castro ZenBusiness Customer Success

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ny as it now appears on our records.)<br>Jability Company)   |   |  |  |
|--|---|--|--|
| were filed on 04/09/2021 and ass                             | igned   |  |  |
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| ility company here:  |   |  |  |
| lity Company," the designation "LLC" or the abbreviation "L. | IC."  |  |  |
| 17260 Losillas Circle  |   |  |  |
| 306  |   |  |  |
| Fort Myers, FL 33913   |   |  |  |
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| 17260 Losillas Circle  |   |  |  |
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| , Florida<br>City Zip Code                                   |   |  |  |
|  | 306  Fort Myers, FL 33913  17260 Losillas Circle 306  Fort Myers, FL 33913  address on our records, enter the name of the new |  |  |

## 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> | Name                   | Address               | Type of Action  |
|--------------|------------------------|-----------------------|-----------------|
| AMBR         | Sarah Knight           | 17260 Losillas Circle | □Add            |
|              |                        | 306                   | □Remove         |
|              |                        | Fort Myers, FL 33913  | <b>≣</b> Change |
| AMBR         | Timothy Michael Knight | 17260 Losillas Circle |                 |
|              |                        | 306                   | □Remove         |
|              |                        | Fort Myers, Fl. 33913 | <b>≣</b> Change |
|              |                        |                       | □Add            |
|              |                        |                       | □Remove         |
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| document's effect                        | ive date on the De                           | partment of St  | tate's records.  |                   |                                       |              |                     |                    |
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| e record specifies and is filed.  Dated  |  |                 |                  | rized representa  | itive of a member                     |              |                     |                    |