

L21000168091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

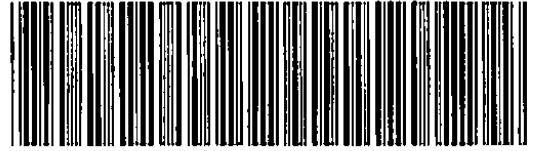
(Business Entity Name)

(Document Number)

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L21000168091  
11/29/22

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Swazey's Shop 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:

Brandon Swazey  
Name of Person

\_\_\_\_\_  
Firm/Company

2519 Jamaica Dr.  
Address

Miramar FL 33023  
City/State and Zip Code

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

2022 NOV 28 AM 11:47  
REGISTRATION SECTION

For further information concerning this matter, please call:

Brandon Swazey at ( 786 ) 210-2034  
Name of Person Area Code 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Swazey's Shop 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 11/11/2022 and assigned Florida document number L21000168091.

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."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

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 to be added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
<u>AMBR</u>	<u>Brandon Swazey Jr</u>	<u>2519 Jamaica Dr</u>	<input checked="" type="checkbox"/> <u>Ad</u>
		<u>Miramar FL, 33023</u>	<input type="checkbox"/> <u>Ret</u>
		_____	<input type="checkbox"/> <u>Ch</u>
<u>MGR</u>	<u>Lascelle Swazey SR</u>	<u>2519 Jamaica Dr</u>	<input checked="" type="checkbox"/> <u>Ad</u>
		<u>Miramar FL, 33023</u>	<input type="checkbox"/> <u>Ret</u>
		_____	<input type="checkbox"/> <u>Ch</u>
<u>MGR</u>	<u>Rosemarie Swazey</u>	<u>2519 Jamaica Dr</u>	<input checked="" type="checkbox"/> <u>Ad</u>
		<u>Miramar FL, 33023</u>	<input type="checkbox"/> <u>Ret</u>
		_____	<input type="checkbox"/> <u>Ch</u>
<u>MGR</u>	<u>Lascelle Swazey JR</u>	<u>2519 Jamaica Dr</u>	<input checked="" type="checkbox"/> <u>Ad</u>
		<u>Miramar FL, 33023</u>	<input type="checkbox"/> <u>Ret</u>
		_____	<input type="checkbox"/> <u>Ch</u>
_____	_____	_____	<input type="checkbox"/> <u>Ad</u>
		_____	<input type="checkbox"/> <u>Ret</u>
		_____	<input type="checkbox"/> <u>Ch</u>
_____	_____	_____	<input type="checkbox"/> <u>Ad</u>
		_____	<input type="checkbox"/> <u>Ret</u>
		_____	<input type="checkbox"/> <u>Ch</u>

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CITY OF MIAMI

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2022 NOV 28 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 602  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list 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 record is filed.

Dated November 11, 2022



Signature of a member or authorized representative of a member

Brandon Swarey

Typed or printed name of signee