121000231890

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100377510201

2021500 -6 AM 8:52

2021 DEC -6 PM 2: 00

2021 DFC - 5 PM 3-5

Y SULKER DEC 0 7 2021

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/6/21

NAME: SWAMP HOUSE INVESTMENTS L.L.C.

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Q + totge

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWAMP HOUSE INVESTMENTS, L.L.C.				
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records nited Liability Company)	<u>.)</u>		
The Articles of Organization for this Limited Liability Comp	pany were filed on 05/19/2021	and assigned		
Florida document number L21000231890				
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 ADDRES	<u>s</u>			
Enter new mailing address, if applicable:		7000		
(Mailing address MAY BE A POST OFFICE BOX)		100 00 C		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter (</u>			
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 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
MBR	Tammy Bohannon, Trustee	P.O. Box 1283	
		Gulf Breeze, FL 32562	≅Remove
			□Change
			□ Add
			□Remove
		 -	Remove
			Change
			Remove
			□Change
			DAdd
			Remove
			Change
			□Remove
			□ Change

					
			- · ·		
					
		<u> </u>	*		
date must be specific a n this block does not	and cannot be price it meet the appli	icable statutor	g or more than 90 day filing requireme	_ (optional) ays after filing.) Pa nts, this date wi	ursuant to 605.0207 (. 11 not be listed as ti
effective date, but n	not an effective	time, at 12:01	a.m. on the cartie	er of: (b) The 9	Oth day after the
21	<u>)</u>	<u> </u>			
Signature of	amember or aut	horized represe	ntative of a member		
	date must be specific in this block does no on the Department of effective date, but r	effective date, but not an effective Signature of Amember or aut	date must be specific and cannot be prior to date of filin in this block does not meet the applicable statutory on the Department of State's records. effective date, but not an effective time, at 12:01 Signature of Amember or authorized represe	date must be specific and cannot be prior to date of filing or more than 90 denthis block does not meet the applicable statutory filing requirement on the Department of State's records. effective date, but not an effective time, at 12:01 a.m. on the earlier	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pen this block does not meet the applicable statutory filing requirements, this date with the Department of State's records. effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9 Signature of amember or authorized representative of a member