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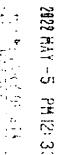
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| (Excument Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office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



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JUN 29 2022 M. SOLOMON

COVER LETTER

Tallahassee, FL 32314

TO:

| TO: 1 | Registration Sec Division of Corp | tion orations | | | | | |
|--|--------------------------------------|--|---|---|----------------|--|--|
| | | ESS SOLUTIONS LLC | | | | | |
| SUBJEC | T: | Name of Limite | ed Liability Company | | | | |
| The enclo | osed Articles of A | Amendment and fee(s) are subm | nitted for filing. | | | | |
| | | ndence concerning this matter to | | | | | |
| | | ROBERTO MARTINEZ | | | | | |
| | | | Name of Person | | | | |
| | | SW BUSINESS SOLUTION | NS LLC | | | | |
| | | | Firm/Company | | | | |
| 5831 COUNTRY LAKES D | | |)R | | 2 6 | | |
| FORT MYERS, FL 33905 | | | Address | · . | | | |
| | | | 33905 City/State and Zip Code | | 2022 MAY -5 P | | |
| | | | | | | | |
| | | | o be used for future annual report no | meanony | PH I2: 33 | | |
| For furth | her information c | oncerning this matter, please ca | | | | | |
| ROBER | RTO MARTINEZ | 2 | 239 778-5378 at () | | | | |
| | Name o | of Person | Area Code Dayti | me Telephone Number | | | |
| Enclose | ed is a check for t | he following amount: | | | | | |
| ■ \$25 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | | |
| Mailing Address: Registration Section | | Street Address: Registration S | | | | | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | Division of C | Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | |
| | | | | | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SW BUSINESS SOLUTIONS LLC (Name of the Limit | ed Liability Compan (A Florida Limited Lia | y as it now appears on our reability Company) | cords.) | _ | | |
|---|---|---|---------------------------|-------------------------|--------|--|
| The Articles of Organization for this Limited Life Plorida document number | ability Company v | vere filed on 06-15-2021 | and | d assigne | d | |
| This amendment is submitted to amend the following | owing: | | | | | |
| A. If amending name, enter the new name o | f the limited liabil | lity company here: | | | | |
| The new name must be distinguishable and contain the v | vords "Limited Liabili | ty Company," the designation | 'LLC" or the abbreviation | on "L.L.C." | | |
| Enter new principal offices address, if applic <u>Principal office address MUST BE A STREE</u> | | | | 2822 | | |
| rincipul office address moor <u>D2</u> | | | · · | _ 其 | | |
| on the Standinghlan | | 5831 COUNTRY LAKES | 5 DR | <u>,</u> | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE | <u> BOX)</u> | FORT MYERS, FL 3390 | 5 | . [: | 1 | |
| | | | | <u>- မ</u> | | |
| B. If amending the registered agent and/or agent and/or the new registered office address. | registered office a ess here: | address on our records, <u>c</u> | nter the name of th | <u>ie new ro</u> | egiste | |
| Name of New Registered Agent: | ROBERTO MARTINEZ | | | | | |
| New Registered Office Address: | 5831 COUNTR | | n.I.dwares | | | |
| | Enter Florida street address FORT MYERS Florida | | | | | |
| | DOM: 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | orida 33905 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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u> Fitle</u> | <u>Name</u> | Address | Type of Action |
|---------------|-----------------------|------------------------|---|
| MGR | BOANERGE A VILLALOBOS | 3789 FOWLER ST, UNIT A | □Add |
| | | FORT MYERS, FL 33901 | =Remove |
| | | | □Change |
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