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19-13-21 TAS.

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Southwest I	Florida Administrative Solution	ns, LLC	
OBJECT	· · · · · ·	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
		Karalas Moiss		
		Karalee Moise		<u> </u>
			Name of Person	
		Southwest Florida Admini	strative Solutions, LLC	
			Firm/Company	
		1048 Castello Drive		
			Address	
		Naples, FL 34103		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	·
		KaraleeMoise@gmail.com		
		E-mail address: (to be used for future annual report not	tification)
For further i	nformation c	oncerning this matter, please c	all:	
Karaice Mo	ise		561 402-7149	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne 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)
	iling Addres gistration S		<u>Street Address:</u> Registration So	ection
	_	forporations	Division of Co	
	D. Box 632		The Centre of	•
Ta	llahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

)	(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)			
and assigned	es of Organization for this Limited Liability Company were filed on July 26th, 2021 sument number L21000337800			
	lment is submitted to amend the following:	bmi	dment is su	his ameno
	nding name, enter the new name of the limited liability company here:	e, <u>e</u>	nding nam	. If amei
or the abbreviation "L,L.C."	e must be distinguishable and contain the words "Limited Liability Company," the designation "L	ting	ne must be di	he new nam
	principal offices address, if applicable:	offi	principal	Inter new
	office address MUST BE A STREET ADDRESS)	ess	office addi	<u>Principal</u>
50 E				
T 70				
22	mailing address, if applicable:	ddr	mailing a	Enter new
	ddress MAY BE A POST OFFICE BOX)		_	
1		_		
	nding the registered agent and/or registered office address on our records, <u>ent</u> or the new registered office address here:	_	_	
	ame of New Registered Agent:	w R	lame of Ne	N
	ew Registered Office Address:	red	lew Registe	<u>N</u>
	Enter Florida street add			
rida	,			
Zip Code	City			
	ered Agent's Signature, if changing Registered Agent:	's S	tered Agen	lew Regist
_	ered Agent's Signature, if changing Registered Agent: ccept the appointment as registered agent and agree to act in this capacity. It of all statutes relative to the proper and complete performance of my duties,	ıpp	ccept the d	hereby a

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Karalee Moise	1048 Castello Drive Naples, FL 34103	≡ Add
			🗇 Remove
			□Change
			□Add
			☐ Remove
			22 Darld
			- Remove
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ffective date, if other than the date of filing: 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 605.0 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. 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 1 is filed.				
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