

To:

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2024-05-04 06:31:22 UTC+14

18506176383

From: ZenBusiness User

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L21000404907

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE SWFL VIRTUAL ASSISTANT LLC

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Corporate Filing Menu

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MAY 06 2024

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To:

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2024-05-04 06:31:22 UTC+14

18506176383

From: ZenBusiness User

H24000162303 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The SWFL Virtual Assistant 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 09/13/2021 and assigned
Florida document number L21000404907.

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 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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Maria Laura Menacho	<div><div></div><div></div></div>	<input type="checkbox"/> Add
		<div><div></div><div></div></div>	<input type="checkbox"/> Remove
		3210 Bermuda Isle Circle Apt 1232, Naples, FL 34109 <div><div></div><div></div></div>	<input checked="" type="checkbox"/> Change
		<div><div></div><div></div></div>	<input type="checkbox"/> Add
		<div><div></div><div></div></div>	<input type="checkbox"/> Remove
		<div><div></div><div></div></div>	<input type="checkbox"/> Change
		<div><div></div><div></div></div>	<input type="checkbox"/> Add
		<div><div></div><div></div></div>	<input type="checkbox"/> Remove
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		<div><div></div><div></div></div>	<input type="checkbox"/> Change
		<div><div></div><div></div></div>	<input type="checkbox"/> Add
		<div><div></div><div></div></div>	<input type="checkbox"/> Remove
		<div><div></div><div></div></div>	<input type="checkbox"/> Change

