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A. BUTLER JAN 25 2022

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SHELTER	ROCK MORTGAGE OF SWI	L LLC		
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JOAN DEMARCO			
• •	Name of Person			
	SHELTER ROCK OF SW	FL LLC		
		Firm Company	· · · · · · · · · · · · · · · · · · ·	
	9319 BARON RD			
		Address		
BONITA SPRINGS, FL 34135				
		City/State and Zip Code		
	JOANDLOANS@GMAIL.			
		to be used for future annual report not	ification)	
For further information e	oncerning this matter, please c	all;		
JOAN DEMARCO		239 300-5967		
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	he 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 radditional copy is enclosed)	
Mailing Address Registration 9		Street Address: Registration Se	ection	
Division of C	Corporations	Division of Co	rporations	
P.O. Box 632 Tallahassee 1		The Centre of 2415 N. Monre		
Tallahassee, l			be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHELTER ROCK MORTGAGE OF SWEL LLC	~~~ .	150
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	, =
The Articles of Organization for this Limited Liability Company forida document number 121000445816	were filed on 10/12/2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
SHELTER ROCK OF SWELLLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Inter new principal offices address, if applicable:	9319 BARON RD	
Principal office address MUST BE A STREET ADDRESS)	BONITA SPRINGS, FL 34135	
Inter new mailing address, if applicable:	9319 BARON RD	
Mailing address MAY BE A POST OFFICE BOX)	BONITA SPRINGS, FL 34135	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	= -
	, Florida	
• • • •	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

Title	<u>Name</u>	Address	Type of Action
			□Remove
			=Change
·			
		·	□Remove
· · · ·			
			□Remove
			TChange
			□Remove
			\ \ \ \ \ \Add
			□Remove
	·		
		····	Z.Add
			□Remove
			☐ Change

D. If amending any other informat			
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MANA SA			
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E. Effective date, if other than the (If an effective date is listed, the date must <u>Note:</u> If the date inserted in this blo document's effective date on the De	ock does not meet the applica	to date of filing or more than 90 able statutory filing requirem	(optional) days after filing.) Pursuant to 605.0207 (tents, this date will not be listed as t
f the record specifies a delayed effective ecord is filed.	date, but not an effective tir	me, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
Dated	2022		
	Signature of a member or autho	z 1 (° e)	
	Signature of a member or autho	orized representative of a member	er
JOAN DEMARCO			
 	Typed or printe	d name of signee	

Filing Fee: \$25.00