

L220000016120

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2023 DEC 16 PM 1:56  
SECRETARY OF STATE  
TOLSON

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: SOUTHWEST FLORIDA ELEVATOR LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CINDY SEGLEM

Name of Person

SOUTHWEST FLORIDA ELEVATOR LLC

Firm/Company

17010 ALICO COMMERCE CT

Address

FT MYERS FL 33967

City/State and Zip Code

INFO@SWFLELEVATOR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CINDY SEGLEM

913 302-2207  
at ( )  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

FILED  
2023 DEC 16 PM 1:56  
SECRETARY OF STATE  
FLORIDA

\_\_\_\_\_  
(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 01/07/2022 and assigned  
Florida document number L22000016120.

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:**

17010 ALICO COMMERCE CT UNIT #203

**(Principal office address MUST BE A STREET ADDRESS)**

FT MYERS, FL 33967

**Enter new mailing address, if applicable:**

17010 ALICO COMMERCE CT UNIT #203

**(Mailing address MAY BE A POST OFFICE BOX)**

FT MYERS, FL 33967

**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:

WESLEY SEGLEM

New Registered Office Address:

17010 ALICO COMMERCE CT UNIT #203

*Enter Florida street address*

FT MYERS

*City*

Florida

33917

*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>
MGR	WILLIAM F RENZENBERGER	1507 SW 57TH ST	<input type="checkbox"/> Add
		CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CINDY SEGLEM	17010 ALICO COMMERCE CT UNIT #203	<input checked="" type="checkbox"/> Add
		FT MYERS, FL 33967	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WESLEY SEGLEM	17010 ALICO COMMERCE CT	<input checked="" type="checkbox"/> Add
		FT MYERS, FL 33967	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If 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 605.0207 (3)(b)

If the 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 the record is filed.

  
Signature of a member or authorized representative of a member

CINDY SEGLEM  
Typed or printed name of signee

**Filing Fee: \$25.00**