L220000978058

Florida Department of State
Division of Corporations
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To:
    Division of Corporations
    Fax Number   : (850)617-6383

From:
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    Account Number : I20090000006
    Phone   : (305)755-9500
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

    Email Address:_____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2442 ROCKFILL RD, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECOND REQUEST:
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submission date of
11/25/2024. Thanks

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K. SALY

DEC - 6 2024

11/25

DEC 05 2024 THU 10:03 AM   FAX NO.   FILED

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2442 ROCKFILL RD, 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 <u>March 9, 2022</u> and assigned
Florida document number <u>L22000098058</u>.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

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:	2481 NW 2nd Avenue
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33431
Enter new mailing address, if applicable:	2481 NW 2nd Avenue
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33431

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City   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, <u>Signature of New Registered Agent</u>

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If amending Authorized Person(s) authorized to manage, **enter the title, name, and address of each person being added**
or removed from our records:

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SECRETARY
TALLAHASSEE, FLORIDA

MGR =   Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	SWWS FL, LLC	2481 NW 2nd Avenue	■ Add
		Boca Raton, FL 33431	☐ Remove
			☐ Change
CEO	Brendon Pantano	2481 NW 2nd Avenue	■ Add
		Boca Raton, FL 33431	☐ Remove
			☐ Change
CFO	Kristi Beaudoin	2481 NW 2nd Avenue	■ Add
		Boca Raton, FL 33431	☐ Remove
			☐ Change
General Counsel Secretary	Matthew Cowan	2481 NW 2nd Avenue	■ Add
		Boca Raton, FL 33431	☐ Remove
			☐ Change
MGR	Charles Lomangino	4055 Edison Avenue	☐ Add
		Fort Myers, FL 33916	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. **Effective date, if other than the date of filing:** _____ (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated ___November 14_____ , ___2024____ .

_____
Signature of a member or authorized representative of a member

Matthew Cowan
_____
Typed or printed name of signee

Filing Fee: $25.00

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