L22000100521

(Re	questor's Name)	<u> </u>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE_12/20/2022	_	OTT/ATE/ Think
		WALK IN**
ENTITY NAME Swans	s I Holdings, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
**	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION	
NUMBER OF CERTIFICA	ATES REQUESTED	
TOTAL OWED \$25	ACCOUNT #: I20160000072	
	S. R. FM	
Please call Tina at t	the above number for any issues or concerns. Thank you so mu	ch!

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
SWANS I	HOLDINGS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
T tease return an correspo	sinderior concerning and matter	is the tone wing.	
	Michael Sherman		
		Name of Person	
	Thomas G. Sherman, P.A.		
	<u></u>	Firm√Company	
	90 Almeria Avenue		
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	<u></u>
	bill@reitig.com		96-min-)
		to be used for future annual report not	mication)
For further information of	oncerning this matter, please c	all;	
Michael Sherman		305 448-5898 at ()	
Name o	f Person	Area Code Daytin	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 (additional copy is enclosed)
Mailing Addres		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	!7	The Centre of	i ananassee

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
ZUZZ DEC 20 AMII: 19

SWANS I HOLDINGS, 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 February 25, 2022 and assigned Florida document number _ L22000100521 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 _, Florida _

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.

City

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>	Address	Type of Action
AMBR	WILLIAM A. MCGUGIN	19122 Fisher Island Drive	□Add
		Miami Beach, FL 33109	Remove
			☐ Change
MGR	MGR MATTHEW JACQUES, Trustee	204 Sunnyside Drive	<u> </u>
		Nashville, TN 37205	□Remove
			□ Петюче
		, 	
			□Add
			□Remove
			□Change
	<u> </u>		
			□Remove
			\toChange
			□Remove
			□Change

		
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ffective date, if other than the date of filing:	(optio	onal)
an effective date is listed, the date must be specific and cannot be prior of the date inserted in this block does not meet the applic	o date of filing or more than 90 days after ble statutory filing requirements, this	thing.) Pursuant to 605.02 date will not be listed
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective ti	no at 12:01 a miles and the earlier of th'	The Outh day office is
t is filed.	ic, at 12.01 a.m. on the earner of, (b)) The soul day after th
- · · · · · · · · · · · · · · · · · · ·		
ated December 19 , 2022/	_·	
Signature of a member or autho	ised representative of a member	

Filing Fee: \$25.00