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FORPORATIONS

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COVER LETTER

• -	Internal correspondence concerning this matter to the following: Sharon_Bedecs		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	S	Sharon Bedecs Same of Person SWAG_Property_Management_LLC 4809_Myrtle_Oak_Dr#25 Address New_Port_Richey_Elorida_34653 CityState and Zip Code GPropertyManagement@gmail.com E-mail address: (to be used for future annual report nonfication) his matter, please call: CSat (269-547-8662 Area Code Daytime Telephone Number g amount: on Filling Fee & Certified Copy	
	SWAG_P	coperty_Manager	ment_LLC
	4809_N	Myrtle Oak Dr. #2	25
	New_Port	Richey Elorida City/State and Zip Code	34653
	SWAGProper E-mail address: (tyManagement@	gmail.com
For further information of	concerning this matter, please ca	all:	
Sharon	Bedecs	at (<u>269-</u> 547-86 Area Code Daytim	6.62 te Telephone Number
Enclosed is a check for t	the following amount:		
₹ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
			ction
-		-	
P.O. Box 63	27		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWAG Property Management 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 Comp	pany were filed on _	<u> 3/21/2022</u>	and assigned
Florida document number _L22000137101			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company l	nere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u></u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		,	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:		records, <u>enter the name</u>	-
New Registered Office Address:			
Treating Plane (And Treating Market Land Land Land Land Land Land Land Land	Enter Fl	rida street address	
		, Florida	
	•		Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>gent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of t as provided for in	f my duties, and I am fa Chapter 605, F.S. Or, i	miliar with and I this document is
īr	Changing Registered A	gent, Signature of New Regi	stered 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
MGR_	Legacy_Preservation_Trust	PO_Box_1285 Port Richey, FL 34673	🗖 Add
			XRemove
			□Change
AMBR.		Port Pichov El 24672	XAdd
	Group LLC	Port Richey, FL 34673	□Remove
			□ Change
			🗆 Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

** *		
<u>.</u>		
		
an effective d lote: If the	te, if other than the date of filing:	
record speci l is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated	August 4th . 2022 . Signature of a member or authorized representative of a member	
	Staron Dedeca	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00