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08/14/23--01829--082 **30.89

COVER LETTER

Registration Section
Division of Corporations

TO:

Liquidation	s Time LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	William A Marticorena Ro	driguez	
		Name of Person	
	Liquidations Time		
	·	Firm/Company	.
	4945 Eastwood Greens st		
		Address	
	Fort Myers FL 33905		
		City/State and Zip Code	
	swflsupplygroup@gmail.co		
	E-mail address: (to be used for future annual report not	itication)
For further information c	oncerning this matter, please co	all:	
William Marticorena		702 695-1727 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Registration 9 Division of C	Section Corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of 3	Fallahassee be Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liquidations Time LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	v were filed on ·08/05/2023	and assigned
Florida document number L22000185967		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
SWFL SUPPLY GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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:	ter new mailing address, if applicable: 830 NE 24 LN Cape Coral FL 33909 unit B	
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new regist
•		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	1
	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 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
· · · · · · · · · · · · · · · · · · ·			□ Add
			□Remove
			□Change
			
			□Remove
			□ Change
			□Add
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		□Add	
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			Change
			□Add
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			□ Change
			□Add
			□Remove
			☐Change

If an ef <u>Note:</u>	ive date, if other than the date of filing: (optional) fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.
reco:	rd 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 led.
	//
Dated	08/05/2023 hf
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00