10/24/23, 3:59 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000371749 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)952-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHWEST FL PROPERTY PROS LLC

Certificate of Status	()
Certified Copy	1
Page Count	06
Estimated Charge	855.00

Electronic Filing Menu Corporate Filing Menu

Help

OCT 3 0 2023

Registration Section

TO:

From: Mohd Afzal

COVER LETTER

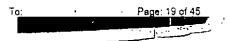
Divi	sion of Corp	orations		
SUBJECT:	SOUTHWE	ST FL PROPERTY PROS L	I.C	
Source .		Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Cheyenne Moseley Name of Person Legalzoom.com, Inc. Firm/Company 101 N Brand Blvd 11th Fl Address Glendale, CA 91203 City/State and Z:p Code swflpropertyprosile@gmail.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: ley 101 Name of Person Area Code Daytime Telephone Number Ck for the following amount:		
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	al) correspon	dence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl	•	
			Address	
		Glendale, CA 91203		
			City/State and Z:p Code	
		E-mail address: (I	to be used for future annual report notific	ration)
For further in	formation co	ncerning this matter, please ca	all:	
Cheyenne Mo	oselcy		800 773-0888	
	Name of	Person	Area Code Daytime	l'elephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fil	ling 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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil Florida document number 1.22000231420	ed on 05/18/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
he new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	:
MAY DE A DOCT OFFICE DOV	
	· · ·
3. If amending the registered agent and/or registered office ad egistered agent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the name of the
New Registered Office Address:	Enter Florida street address
•	Phodds.

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:

13233890552

MGR = Manager AMBR = Authorized Member

То

Title	<u>Name</u>	Address	Type of Action
AMBR	Danielle Guido	2045 Cape Heather Cir., Cape Coral, FL 33991	B ∧dd
			□ Remove
			Change
AMBR	Pete Zmigrodzki		
		2045 Cape Heather Cir., Cape Coral, FL 33991	Remove
			Change
			D Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			Change
			□ Add
			□ Remove
			Change
			D Add
			Remove
			Change
		-	O Add
			Remove
			☐ Change

Το;

AAA AAA AAA AAA AAA AAA AAA AAA AAA AA				
				· · · · · · · · · · · · · · · · · · ·
				······································

	_		·	
				
				
 _			***	
			··	
	<u> </u>			
			and the second s	
	· · · · · · · · · · · · · · · · · · ·	 	<u> </u>	
Sective date, if other than the ineffective date is listed, the date mate: If the date inserted in this becoment's effective date on the lines.	hist be specific and cannot be p block does not meet the ap	prior to date of filing or me plicable statutory filing	ore man 90 days after filing.) Pu	
record specifies a delaye The 90th day after the re		not an effective ti	me, at 12:01 a.m. on	the earlier
ned <u>October 5</u>	n 20	<u>23</u> .		
\ \	. 40 1/4 / \ /	uthorized representative of		

Page 3 of 3

Filing Fee: \$25.00