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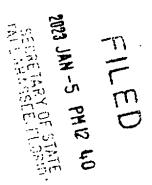
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A. RAMSEY MAR 16 2023

A. RAMSE

COVER LETTER

Tallahassee, FL 32314

CHRIECT		RIER SERVICE LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
SWN COURIER SERVICE LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TULANI SHKAIRAH Name of Person Firm/Company 7360 CURRY FORD RD #720393 Address ORLANDO, FL 32822 City/State and Zip Code LETSWNSERVEYOU@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TULANI SHAKIRAH Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & Certificate of Status & Certificate Option Proposed & Certificate Option Proposed & Certificate Option Proposed				
Division of Corporations SWN COURIER SERVICE LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TULANI SHKAIRAH Name of Person Firm/Company 7360 CURRY FORD RD #720393 Address ORLANDO, FL 32822 City/State and Zip Code LETSWNSERVEYOU@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TULANI SHAKIRAH Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee S00.00 Filing Fee & Certificate of Status Certificate Copy Certificate of Status & Certificate Copy Certificate Copy Certificate of Status & Certificate Copy Certif				
			Firm/Company	
		7360 CURRY FORD RD	# 720393	
			Address	
		ORLANDO, FL 32822		
			City/State and Zip Code	
		-		
				ification)
For further	r information co	oncerning this matter, please ca	all:	
TULANI :	SHAKIRAH			
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	ue following amount:		
□ \$25.00	9 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	-			
				-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION JAN -5 PM 2 40 OF SECRETARY OF STATE TALL AHASSEE, FLORIGE.

SWN COURIER SERVICE 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 MAY 18, 202	and assigned
Florida document number L22000232094		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SWN MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>S)</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:	fice address on our records, <u>en</u>	ter the name of the new registered
agent and of the new registered office address here,		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	drace
	City ,	Florida
	City	zap Coue

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
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ffective date, if other than the dat an effective date is listed, the date must be	e of filing:	1	(optional)	(05.000
in effective date is listed, the date must be lock. If the date inserted in this block				
ocument's effective date on the Depar				
record specifies a delayed effective da l is filed.	te, but not an effective tim	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
is med.				
DECEMBER 23	2022			
Pated	· ·	-·		
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Sign	nature of a member or author	ized representative of a m	ember	-
TUŁANI SHAKIRAH				