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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05/23/2024

NAME: SWAIN GROUP LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Se Division of Cor				
1				
SUBJECT:				
, , , , , , , , , , , , , , , , , , ,	Name of Lim	ited Liability Company	- · · · -	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MOHAMMAD RAZZAQ			
		Name of Person		
		Firm/Company		
	1878 NW 126TH AVE	, ,		
		Address		
	PEMBROKE PINES, FL 3	3028		
		City/State and Zip Code		
	vapekingsmiami@gmail.com	m to be used for future annual report not	itication	
For further information o	concerning this matter, please or			
10HAMMAD RAZZAQ 954 309-1066 at ()				
Name of Person			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 Section		Registration Section	
Division of C	•	Division of Cor The Centre of 1		
PI BOY N (' 1	ine Centre of	12112 022260	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SWAIN GROUP LLC

2024 MAY 23 AM 9: 57

(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 Florida document number <u>L22000250682</u>	were filed on 06/01/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2360 WEST 68TH STREET	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 122	
	HIALEAH, FL 33016	
Enter new mailing address, if applicable:	2360 WEST 68TH STREET	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 122	
	HIALEAH, FL 33016	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	me of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	77- 0-4-
	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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	Change
			□ Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□ Change

	Signature of a member or a	uthorized representative of	f a member	
Dated MAY 21	Hallaminal Vo-			
e record specifies a delayed effer rd is filed. MAY 21			the earlier of: (b) Th	ne 90th day after the
Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be p s block does not meet the app	olicable statutory filing	(optional) to than 90 days after filing requirements, this date	.) Pursuant to 605.0207 (
				<u>_</u>
	····			
				
				
. <u></u> .				
				

Filing Fee: \$25.00

COVER LETTER

TO: Registration Sect Division of Corpo			
SWAIN GRO	OUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	MOHAMMAD RAZZAQ		
		Name of Person	
	<u> </u>	Firm/Company	
	1878 NW 126TH AVE		· · · · · · · · · · · · · · · · · · ·
		Addr e ss	
	PEMBROKE PINES, FL 3		
	vapekingsmiami@gmail.com	City/State and Zip Code m	
	E-mail address: (to be used for future annual report not	ification)
For further information cor	ncerning this matter, please of	all:	
MOHAMMAD RAZZAQ		954 309-1066 at()	
Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 Address:		Street Address:	
Registration Section		Registration Se	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303