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DATE: 6/24/2024

NAME: SWAIN GROUP LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Registration Se Division of Cor			
	SWAIN GF	ROUP LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	endence concerning this matter	to the following:	
		MOHAMMAD RAZZAQ		
			Name of Person	
			Firm/Company	. 1-:
		2360 WEST 68TH STREE	ET SUITE 122	
			Address	
		HIALEAH, FL 33016		٠,
			City/State and Zip Code	
		aismail02@aol.com		←
For further	r information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifical:	ation)
	MAD RAZZA		954 309-1066 at ()	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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 S Division of C		Registration Section Division of Corporate Cor	
	P.O. Box 632	•	The Centre of Tal	
-	Γallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWAIN GROUP 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 Company were filed on $\frac{06/01/2022}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SALMA ISMAIL	1000 SW 191 AVE	□Add
		PEMBROKE PINES, FL 33029	= Remove
			□Change
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ote: If the date inserted in this	ust be specific and cannot be prior to date of filing or mobile does not meet the applicable statutory filing Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.020 ag requirements, this date will not be listed as
ecord specifies a delayed effect is filed.	ive date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
tcd	. 2024	
	Moliainmad Razzap	
	Signature of a member or authorized representative	of a member

Filing Fee: \$25.00