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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		• .
eun irzer.	Swamp Fox	Soultions, LLC		•
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fce(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Bryce Wade		
			Name of Person	
		Swamp Fox Soultions, LL	C	
			Firm/Company	
		119 Canal St		
			Address	
		Santa Rosa Beach, Fl. 324:	59	
			City/State and Zip Code	
		bryce.wade77@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For further in	nformation co	oncerning this matter, please ca	ıll:	
Bryce Wade			571 991 6170 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div		ection orporations	Street Address: Registration Sec Division of Cor	porations
). Box 632' lahassee, F		The Centre of T 2415 N. Monro Tallahassee, FL	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Swamp Fox Solutions, LLC

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Name of New Registered Agent: New Registered Office Address:		lorida street address, Florida \(\frac{32459}{\textit{Zip Code}}\)
	119 Canal St, Enter Fl	
		-
Name of New Registered Agent:	Bryce Wade	
ent and/or the new registered office addr		records, enter the name of the new regis
If amending the registered agent and/or	registered office address on our	records enter the name of the new regis
lailing address MAY BE A POST OFFICE	<u> </u>	
nter new mailing address, if applicable:		
	_ -	
rincipal office address MUST BE A STRE	ET ADDRESS)	
ter new principal offices address, if appli		<u> </u>
e new name must be distinguishable and contain the		e designation "LLC" or the abbreviation "L.L.C."
If amending name, enter the new name	of the limited liability company	<u>here</u> :
iis amendment is submitted to amend the fol	llowing:	
orida document number L22000325559	···································	
1.22000215550	Liability Company were filed on $\underline{\underline{V}}$	and assigned
e Articles of Organization for this Limited	· · · · · · · · · · · · · · · · · · ·	יייי איז איז איז איז איז איז איז איז איז
ne Articles of Organization for this Limited		KO MAS CENTRAL

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>	Address	Type of Action
AMBR	Donte Jones	3211 NW 128th Lane, Gainesville Fl, 32653	🗏 Add
	I		□Remove
			□Change
			□Add
	•		□Remove
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ective date, if other tha	an the date of filing:late must be specific and cannot		(optional)
i effective date is listed, the d te: If the date inserted in	late must be specific and cannot this block does not meet the	be prior to date of filing or n applicable statutory filir	nore than 90 days after filing ng requirements, this date	g.) Pursuant to 605.0207 e will not be listed as
rument's effective date on	the Department of State's r	records.	•	
	Marine days but was an ift.	ective time, at 12:01 a.m.	on the earlier of: (b) T	he 90th day after the
	meetive date, but not an enc			
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ecord specifies a delayed es filed.	. 2022	· ·		
s filed.	. 2022	or authorized representative	e of a member	