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(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	#)
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Sec Division of Corp		,	,
SUBJECT:	SWFL Goods		
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Brian	Name of Person	
	onlin	e wholesaling	
	#4910 5th :	S+ W Address	
	Lehigh Acres SwflGoods@ E-mail address: (1)	/FL/33971 City/State and Zip Code Gmail. com to be used for future annual report n	otification)
For further information co	ncerning this matter, please ca	all:	
Brian Es	DINOZA Person		7 - 8 74 7 ime Telephone Number
Enclosed is a check for the	e 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 S		Registration S	
Division of Corporations		Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records,) d Liability Company)	
The Articles of Organization for this Limited Liability Companies Florida document number 230658.	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the a	bbreviation "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 agent and/or the new registered office address here:	e address on our records, enter the nan	OF The flew registered
agent and/or the new registered office address here:		CT3I
Name of New Registered Agent:		
New Registered Office Address:		\$6E - \
	Enter Florida street address , Florida	56 FL
	, Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Brian Espinoza	11470 whistlers cove cir	ŒAdd
	,	Ap+#634 Naples, FL 3411	3 □Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
0	n sunbiziona when you look up my business name
<u>.</u> SI	WFL Goods under Authorized Person(s) Detail
.50	ays None. I would like that changed to my
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	
Oa	NOK.
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_	
(If an effective Note: If t	date, if other than the date of filing:
If the record sprecord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 25 . 2022.
	Signature of a member or authorized representative of a member
	Brian Espinoza Typed or printed name of signee
	1 Typed or printed name of signee

Filing Fee: \$25.00