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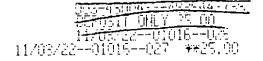
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
SWIM ST SUBJECT:	TATE RENTALS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for tiling.	
Please return all corresp	condence concerning this matter	to the following:	
	MARLA COPELAND ES	TTY	
		Name of Person	
	ADVANCED BUSINESS	CONNECTIONS LLC	
		Firm Company	
	PO BOX 2066		
		Address	
	HIGH SPRINGS, FL 3263	\$5	
	<u> </u>	City/State and Zip Code	 _
	EASYTAX@WINDSYTR		
For further information	E-mail address: concerning this matter, please c	to be used for future annual report no	tification)
	·		
MARLA COPELAND		386 454-8959 at ()	
Name	of Person	Area Code Daytii	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 Addre Registration		Street Address: Registration So	ection
	Corporations	Division of Co	
P.O. Box 63		The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWIM STATE RENTALS LLC

2022 HOY -3 Al: 6: 20

(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 Co	onipany were filed on 10/04/2022	and assumed
Florida document number 1.22000431152		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC"	or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	. · · · · · · · · · · · · · · · · · · ·
	, Flo	rida

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
AMBR	STUART SMITH JR	1157 W COUNTY RD 18	
		LAKE BUTLER, FL 32054	-
			= Change
		□Add	
			Remove
			□Change
			□Add
			Remove
			
			□Add
			□Remove
			□Change
			□Add
			□Remove
			©Change
		□Remove	

	
DC 41 1 4	
m effective date ote: If the dat	if other than the date of filing:
ecord specifie is filed.	is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted <u>101</u> 3	Signature of a member or authorized representative of a member
	Antonia L Country

Filing Fee: \$25.00