Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000414308 3)))



H220004143083ABCY

	To:			
Division of Corporations				
		Fax Number	: (850)617-6383	
	From:			
		Account Name	: CORPORATE CREATIONS INTERNATIONAL INC.	
		Account Number	: 110432003053	
		Phone	: (561)694-8107	
		Fax Number	: (561)214-8442	
* * Ent	er the e	mail address for	this business entity to be used for future	
D.1. C			Enter only one email address please.**	

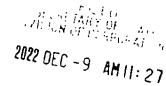
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SWWC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DEC 1 2 2022 A. LUNT

Electronic	Filing	Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	SWWC, LLC		ζ,
(Name of the Limi	ed Liability Company (A Florida Limited Lia	(as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited L Florida document number L22000510425		rere filed on 12:07/2022	and assigned
This amendment is submitted to amend the foll			
A. If amending name, enter the new name o	•	ty company here:	
The new name must be distinguishable and contain the v	ords "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		<u></u>
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address		dress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	Eric Michael Olse	on	
New Registered Office Address:	3418 Downcast L	ane	
		Enter Florida street address	
	Windermere	, Floric	da 34786 Zip Code
		Сііу	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
AMBR	Eric Michael Olson	3418 Downeast Lane	🗆 Add
			□Remove
		Windermere, FL 34786	☐Change
AMBR	Susan Nelson Olson	3418 Downeast Lane	■Add
		Windermere, Fl. 34786	□Change
<u></u>			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change

			2022 DEC -9	ได้ผู้ เพื่อง _เ ₋AM เม
				-
····				-
				_
		-10-7-1-91	· · · · · · · · · · · · · · · · · · ·	_
	 			_
				_
				-
		7.550		•
				_
				_
				-
,				-
				-
				_
		***.		-
ffective date, if other than the d	late of filing:		(optional)	
an effective date is listed, the date must be Note: If the date inserted in this block	be specific and cannot be prior	to date of filing or more than	90 days after filing.) Pursuant to 60:	5,0207 (3
Note: It the date inscreed in this block locument's effective date on the Dep			ements, this date will not be fist	ied as in
record specifies a delayed effective d is filed.	date, but not an effective t	ime, at 12:01 a.m. on the ea	orlier of: (b) The 90th day after	er the
December 8th	2022	<u> </u>		
	ignature of a member or auth			

Filing Fee: \$25.00

Typed or printed name of signee