## L23000073576

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## **COVER LETTER**

TO:

Registration Section

Divi	sion of Cor	porations						
CUBICA	Nicholas A	ustin Swan Financial Services	LLC					
SUBJECT:		Name of Lin	nited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sul	omitted for filing.					
Please return	all correspo	ondence concerning this matter	to the following:					
		Nicholas Swan						
			Name of Person					
	Nicholas Austin Swan Financial Services LLC							
			Firm/Company		÷ .1			
		1515 S Federal Hwy Suite	208					
			Address		; 🞘 , [] . ω ; []			
		Boca Raton, FL 33432		29 TO 29 TO 19 TO 19 TO	`			
			City/State and Zip Code		PH 1: 06			
		nicholas.swan@nm.com		난 첫	90			
			to be used for future annual report no	tification)				
For further inf	formation co	oncerning this matter, please c	all:					
Nicholas Swa	n		407 738-2105					
	Name of	f Person		me Telephone Number				
Enclosed is a	check for th	ne following amount:						
■ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &			
	ing Addressistration S		Street Address: Registration Se	ection				
Division of Corporations			Division of Corporations					
	Box 632 ahassee, F		The Centre of	Tallahassee oe Street, Suite 810	1			
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nicholas Austin Swan Financial Services 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 02/09/2023 and assigned Florida document number 123000073576 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nicholas Austin Swan LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1515 S Federal Hwy Suite 208 Enter new principal offices address, if applicable: Boca Raton, FL 33432 (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: Nicholas Swan Name of New Registered Agent: 1515 S Federal Hwy Suite 208 New Registered Office Address: Enter Florida street address

## 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.

Cin

Boca Raton

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
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		·	□ Remove
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