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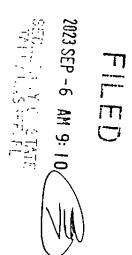
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
(Socialistic Harrison)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 limity Offices.

Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
cho heet.		R SWF LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		DOUGLAS TORRES				
			Name of Person			
		COLOCAR SWF LLC				
Firm/Company						
		2717 SANTA BARBARA BLVD UNIT 130				
			Address			
		CAPE CORAL, FL 33914				
			City/State and Zip Code	 		
		CHAPINCARGOSWFL@C				
			to be used for future annual report not	ification)		
For further in	iformation co	oncerning this matter, please co	all;			
DOUGLAS	TORRES		239 4065989			
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a	check for th	ne following amount:				
■ \$25.00 I	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)		
	iling Addres gistration S		Street Address:	action		
		orporations	•	Registration Section Division of Corporations		
). Box 632	•	The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our lorida Limited Liability Company)	records.)
lity Company were filed on 03/10/202	and assigned
ng:	
e limited liability company here:	
"Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C,"
e:	
DDRESS)	202
	3 SEP - 6
	
<u></u>	FIA 10
stered office address on our records, ere:	enter the name of the new regist
Enter Florida stree	t address
	. Florida
City	Zip Code
	Enter Florida stree

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 Ferson(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	DOUGLAR G TORRES	2717 SANTA BARBARA BLVD UNIT 130	□Add
		CAPE CORAL, FL 33914	■Remove
			□Change
AMBR	DOUGLAS G TORRES	2717 SANTA BARBARA BLVD UNIT 130	
		CAPE CORAL. FL 33914	□Remove
			🗆 Change
			□ Add
			□Remove
			□Change
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			🗆 Add
			□Remove
			Changa

				
				
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	···		_	
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ffective date, if other than the an effective date is listed, the date in ote: If the date inserted in this occument's effective date on the	block does not meet the a	e prior to date of filing o applicable statutory fi	(option or more than 90 days after fi ling requirements, this of	i al) ling.) Pursuant to 605.0207 late will not be listed as
record specifies a delayed effect is filed.	ive date, but not an effee	tive time, at 12:01 a.i	n, on the earlier of: (b)	The 90th day after the
ated AUGUST 23	. 2023	<u> </u>		
¥ // /7/78/5		r authorized representat		