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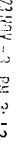
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COVER LETTER

TO:	Registration Sec Division of Corp		,	•
oup m		sters of SWFL LLC	•	
SUBJE	C1:	Name of Limi	ted Liability Company	.
The enc	losed Articles of a	Amendment and fee(s) are subi	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	to the following:	
		Daniel McCrillis		
			Name of Person	
		Surface Masters of SWFL 1	LLC	
			Firm/Company	
		11025 Villagio Gardens La	ne Unit 201	
			Address	
		Estero, FL 33928		
			City/State and Zip Code	
		shawn@surfacemastersflori	da.com to be used for future annual report no	difference
For furt	ther information c	oncerning this matter, please ca		ancadon)
Kristi V	Willems		239 822-9905 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for t	he following amount:		
\$ \$2:	5.00 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 Addres Registration		Street Address: Registration S	Section
Division of Corporations		Division of Co	orporations	
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SURFACE MASTERS OF SWFL LLC		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
he Articles of Organization for this Limited Liability Company wer lorida document number $\frac{1.23000237104}{1.0000237104}$.	e filed on MAY 15, 2023	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDRESS)	····	<u> </u>
		<u> </u>
		1
Enter new mailing address, if applicable:		යා ~
		Di.
Mailing address MAY BE A POST OFFICE BOX)		
- -		
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here: Name of New Registered Agent:	•	of the new re
New Registered Office Address:		
	Enter Florida street address	
	, 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	SHAWN MCCRILLIS	10025 VILLAGIO GARDENS LANE UNIT 201	= Add
		ESTERO, FL 33928	□Remove
			□Change
			\(\sigma\) Add
			□Remove
			□Change
			□Add
			Remove
		2242	□Change
			□Add
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n effective date is te: If the date:	f other than the date of filing listed, the date must be specific an inserted in this block does not ive date on the Department of	nd cannot be prior to date of meet the applicable sta			
ecord specifies as	a delayed effective date, but no	ot an effective time, at	2:01 a.m. on the earlic	r of: (b) The 90th day aft	er the
october	X13 / / /	2013			

Typed or printed name of signee