

L23000245864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

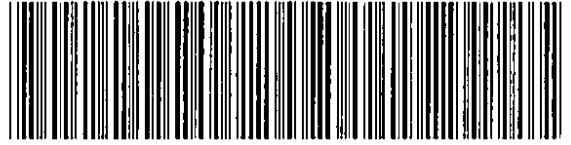
(Document Number)

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2023 JUN -2 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FL 92103

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FL. REVENUE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AYLIN M. LEYVA

Name of Person

SWF MULTI SERVICES

Firm/Company

603 LHOMMEDIEU ST

Address

LEHIGH ACRES, FL. 33936

City/State and Zip Code

MAYE2273@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAYELIN LEYVA

239 202-3468

at (_____) _____

Name of Person

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FL REVENUE 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 05/18/2023 and assigned Florida document number L23000245864.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SWF MULTI SERVICES, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

603 LHOMMEDIEU ST

(Principal office address MUST BE A STREET ADDRESS)

LEHIGH ACRES, FL. 33936

Enter new mailing address, if applicable:

SAME

(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:

Name of New Registered Agent:

AYLIN M. LEYVA

New Registered Office Address:

603 LHOMMEDIEU ST

Enter Florida street address

LEHIGH ACRES

City

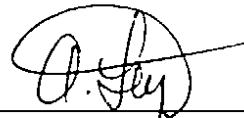
Florida

33936

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 Changing Registered Agent, Signature of New Registered Agent

FILED
JUN -2 AM 10:37
TALLAHASSEE, FLORIDA
STATE REGISTER

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	AYLIN M. LEYVA	603 LHOMMEDIEU ST	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL. 33936	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAYELIN LEYVA	603 LHOMMEDIEU ST	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL. 33936	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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