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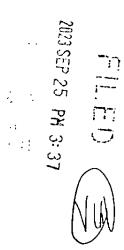
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09/25/23--01033--004 ++25.00



COVER LETTER

Division of Corporations
SUBJECT: SWFL TILE + VINTL 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:
JOSEPHP. KODAK Name of Person
SWFL TILE & VINTL Firm/Company
4922 SW 200TH PLACE
CAPE COPAL, FL 33919 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOSEPH P. KODAK at (630) 559: 6149 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \$\text{Certified Copy (additional copy is enclosed)} \$\text{Solution} \text{Solution} \text{Filing Fee & Certified Copy (additional copy is enclosed)} \$\text{Certified Copy (additional copy is enclosed)} \$Certified Copy (additional copy is encl

Mailing Address:

TO:

Registration Section.

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

(Name of the Limited Liability Comp	TL LLC	
(A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan	ny were filed on 9 11 23 and assigned	
Florida document number <u>L2399421417</u>	,,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	202	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	- D	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new register</u>	
Name of New Registered Agent:		
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 Changing Registered Agent, Signature of New Registered Agent

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
PCEO	JOSEPHP. KODAK	4922 SW 20TH PLACE	□Add
		CAPE CORAL, FL 33914	□Remove
		CHANGE TITLE TO MGE	<u>2</u> 2€h ange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	 -		□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	CUPRENTLY WHEN I FUED ON 9/11/23
	I WAS TITLED WITH "PCEO" ON MY
	DOCUMENTS. I WAS INSTRUCTED TO
1	AMMEND MY TITLE TO "MGR"
_	
_	
	•
If an effec Note: If	e date, if other than the date of filing:
e record : ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the f.
Dated _	9.21-23
	Signature of a member of authorized representative of a member
	TOSEPH P. KODAK Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00