

L23000425225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

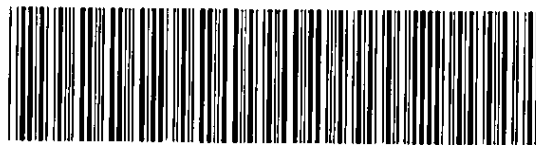
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R. HUNT

11/03/23

FLORIDA CAPITAL COURIER SERVICES, INC

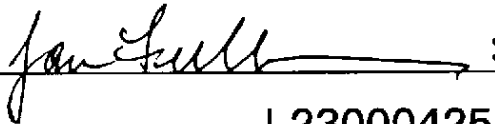
2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$30.00**

**Authorization Signature:**



**SCHWA EQUITY LLC**

**L23000425225**

**BUSINESS NAME**

**DOCUMENT #**

☐ Certified Copy

☒ **X** Certificate of Status

**NEW FILINGS**

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ LLLP
- ☐ CORP
- ☐ Other
- ☐ Other

**AMMENDMENTS**

- ☒ **X** Amendment
- ☐ Resignation of R.A. Officer/Director
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ Articles of Conversion
- ☐ Restated Articles of Incorporation
- ☐ Statement of Authority

**OTHER FILINGS**

- ☐ Apostille
- ☐ Country
- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

- ☐ Foreign filing
- ☐ Reinstatement
- ☐ Qualification
- ☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

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Division of Corporations  
State of Florida

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 NOV -3 PM 2:48

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCHWA EQUITY 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:

STEVE DIONYSOPOULOS

Name of Person

SCHWA EQUITY

Firm/Company

2071 LPGA BLVD 400

Address

Daytona Beach Florida

City/State and Zip Code

SUMYUMGUI@icloud.com

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

For further information concerning this matter, please call:

Steve Dionysopoulos

Name of Person

305 4406411  
at ( )

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

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305  
TALLAHASSEE, FL 32303

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

Schwa Equity 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 Oct 18 2023 and assigned  
Florida document number L23000425225

This amendment is submitted to amend the following:

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

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:

(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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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>	<u>Address</u>	<u>Type of Action</u>
	Daniel S Moon	2071 LPGA BLVD 400 Daytona Beach	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 NOV 3 PM 12:14  
Division of Health Services  
Office of the Registrar  
1000 N. Orange Ave.  
Tallahassee, FL 32304  
904.438.2200

0 3 Information, enter change(s) here (attach additional sheets, if necessary.)

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DEPARTMENT OF STATE  
11-03-2023

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

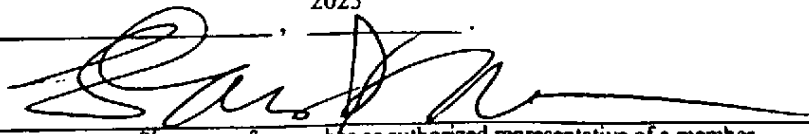
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 11-1

2023



Signature of a member or authorized representative of a member

Steve Dionysopoulos

Typed or printed name of signee

**Filing Fee: \$25.00**