## L23000430879

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## **COVER LETTER**

TO: Registration Section Division of Corpora		•		
SUBJECT: + HO	Name of Lim	SWIYS LLC ited Liability Company		
The enclosed Articles of Amer	ndment and fee(s) are sub-	mitted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
_	Shir	1ey Dutcher Name of Person		
_		Firm/Company		
-	11223rd f	tre North	2023 SI SECR TAI	••••
	Jacksonii	11e Beach, FL3	SECRETARY U.S. PM 4: 18	
_	Shilley. E-mail address: (1	City/State and Zip Code  Out Cher Quant to be used for future animal report notifi	O · Com ===================================	[++ 
For further information concer			უ <b>თ</b>	
Shiv W Name of Pers	2ntdrup	at (904) 859 · 0  Area Code Daytime	920 Telephone Number	
Enclosed is a check for the fol	lowing 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 Secti	on	Street Address: Registration Sec	tion	

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

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 Companion (A Florida Limited Liability Companion)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000430679</u> .	were filed on $9/15/2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	75 23 S
Enter new mailing address, if applicable:	77 THE TENTE OF TH
(Mailing address MAY BE A POST OFFICE BOX)	7.2
	' <u>'''</u> , ∞
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registere
New Registered Office Address:	Enter Florida street address
	, Florida

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<del></del>	□ Change
MGR	Austin Dutcher	1122 3rd Ave. Noveth Jax Be Florida 32250	ach vadd
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