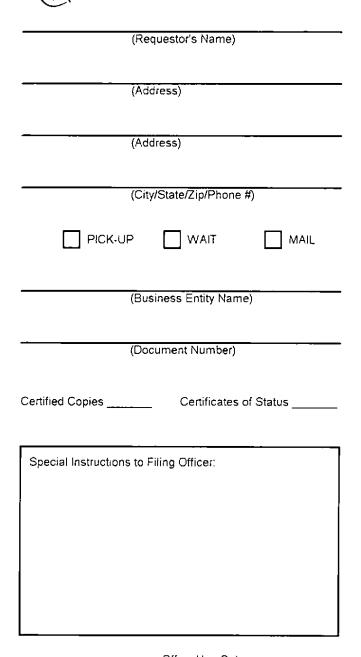
## L23 000 551 252



Office Use Only



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01/04/24--01024--014 \*\*25.60



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Swift trans 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:
Travis SinPang Name of Person
Firm/Company
1900 Santa Carolina Rd Unit 71
1900 Santa Carolina Rd Unit 71  Address  Chula VISta, CA 91913  City/State and Zip Code  Travis. Pang 872 g mail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Travis Sinpang at 204 277-2826  Name of Person at 204 277-2826  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) 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

SWIFTTrans	LLC
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 000 55 12</u> 5	were filed on $12 - 18 - 2003$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  HOULING BIOS LLC  The new name must be distinguishable and contain the words "Limited Liabi	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)	2021FEB 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH III
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	Exter Florida street addfess , Florida  Zip Code
	City 2000

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
			□Add
			□Remove
			□ Change
			□Add
	3 /		□Remove
			Change
			□Add
	1		□Remove
			☐ Change
			□Add
			□Change
			bbA□
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
n   H
*·····································
E. Effective date, if other than the date of filing:  (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 $\partial - 10 - 2024$ ,
Signature of a member or authorized representative of a member
Jariska Saddler Typed or printed name of signee