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· COVER LETTER

TO: Registration S Division of Co		•	
	ne Leader Charters LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Michael Malvasio		
		Name of Person	
	Swallow the Leader Charte	ers LLC	m.1
		Firm/Company	
	6811 SW 166 AVE		2024 APR -1 EM 9: 03 SECRETARY OF STATE SECRETARY O
		Address	
	Southwest Ranches Fl 333	31	第二 星
		City/State and Zip Code	— E. S. 9:
	Swallowtheleadercharters@		
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
Michael Malvasio		954 8684835 at ()	
Name o	of Person	Area Code Daytime Telephone N	lumber
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ortificate of Status & rtified Copy ditional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Swallow the Leader Charters LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/05/2024	and assigned
Florida document number L24000113445		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	<u> </u>
		2024 APR SECRET
		RET APR
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		man to
B. If amending the registered agent and/or registered	office address on our records, enter th	ne name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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>	<u>Address</u>	Type of Action
MGR	Michael Malvasio	6811 sw 166 ave southwest ranches fl 33331	= Add
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			□Change
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Tective date, if other	than the date of the date of the	filing:ic and cannot be prio	r to date of filing or r	(opti	onal) r filing.) Pursuant to 605,03
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	red effective date, bu	t not an effective t	ime, at 12:01 a.m.	on the earlier of: (I) The 90th day after ti
is filed.					
ated					
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	Signature	of a member or auth	orized representativ	e of a member	

Filing Fee: \$25.00