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TO: Registration S Division of Co		
Swilley, L		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Robert Smallwood	
	Name of Person	
	Robert T. Smallwood II, P.A.	
	Firm/Company	
	2100 Constitution Blvd	
	Address	
	Sarasita, FL 34231	
	City/State and Zip Code rob@rtsmallwoodlaw.com	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Robert Smallwood	941 321-6066 at ()	
Name	of Person 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 Tallahassec, 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

Swilley, 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 and assigned Florida document number
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 registe agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
· · · · · · · · · · · · · · · · · · ·
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 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, 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
MGR	Robert Smallwood	4466 NORTH LAKE DRIVE	
		SARASOTA, FL 34232	■ Remove
			□Change
MGR	Regina Swilley	4466 NORTH LAKE DRIVE	
		SARASOTA, FL 34232	□Remove
			□ Change
			□ Add
			□ Remove
			□Change
			
			□ Remove
			Change
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			□Remove
			□Change

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ective date, if other than the n effective date is listed, the date mu	date of filing:	- d-t C Glino	(optional)	Dumunat to 605.03
te: If the date inserted in this b	lock does not meet the applica	ble statutory filing r	equirements, this date w	rill not be listed
cument's effective date on the E	repartment of State's records.			
ecord specifies a delayed effective is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b) The	90th day after th
April 3 ted	2024			
	<u> </u>			
1/ John	t & Smill.	ural-		
	Signature of a member or author	rized representative of	a member	
Robert T. Smallwood				

Filing Fee: \$25.00