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COVER LETTER

TO: Registration Sec Division of Corp			
	DA TRAILER LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
	DARWIN'S CROSSA		
		Name of Person	
	SW FLORIDA TRAILER	LLC	
Firm/Company			
	1870 DOGWOOD DRIVI	:	
		Address	
	MARCO ISLAND, FL 34	145	
		City/State and Zip Code	- · · · · · · · · · · · · · · · · · · ·
	SEBAPATOCD@HOTMA		
		to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
DARWIN CROSSA		239 565-9271 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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	·•	Stroot Address	

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

SW FLORIDA TRAILER 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 $\frac{4/24/2024}{2024}$ and assigned Florida document number 1.24000192890 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 "LLC." 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 ___, 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, 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	Linda Curiale	1870 Dogwood Drive, Marco Island, FL 34145	= Add
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record	I 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	ae
is file	ed.	
ated_	8/5/24	
u _		
	Signature of a member or authorized representative of a member	
	DARWIN'S CROSSA	

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