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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : I20010000062

Phone : (323)962-8600

: (323)389-0502

Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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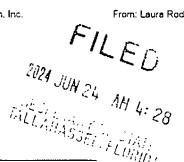
Division of	Corporations		
	OCEAN LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Article	s of Amendment and fee(s) are subr	nitted for filing.	
Please return all corr	espondence concerning this matter t	to the following:	
	Mike Town		
		Name of Person	
	Legalzoom.com, Inc.		
-		Firm/Company	
	9900 Spectrum Dr		
	-	Address	
	Austin, TX 78717		
		City/State and Zip Code	
	alejandrotquijano@gmail.co E-mail address: (1	orn o be used for future annual report notif	ication)
For further informati	on concerning this matter, please ca	ill:	
Mike Town		800 773-0888	
Na	me of Person	at () Area Code Daytime	2 Telephone Number
	for the following amount:		
□ \$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	AILING ADDRESS: gistration Section	STREET/COURI Registration Sectio	

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

Division of Corporations
Clifton Building

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SWIFT OCEAN LLC			FGAN
(Name of the Lim	nited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on 04	/30/2024	and assigned
Yorida document number 1.24000202531			
his amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company h	e <u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company." the d	lesignation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if appl	, .		
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Principal office address MUST BE A STRE	<u> </u>		
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	ET ADDRESS)		
Enter new mailing address, if applicable:			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE (See 1997)			
Enter new mailing address, if applicable:			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE (S. 197)	E BOX)		
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B. If amending the registered agent and registered agent and/or the new registered of the new registered of the new registered of New Registered Agent:	d/or registered office address or office address here:		

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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alejandro Quijano		
			□ Remove
		251 174th Apt 219 Sunny Isles Beach, FL 33160	⊟ Change
			Add
			☐ Remove
			Charge T
			Charge TO Add 22
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