## L24 000 208 776

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	SWOOD FISH E	Enter Aises, United Liability Company	<u> </u>
		,,	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	5400 Pine	Bruehl, P.A. Fim/Company  15/and RJ Si Address	iite D
		City/State and Zip Code    b   egal   ow · com  to be used for future annual report noti	
For further information c	E-mail address: ( oncerning this matter, please c		fication)
Vimothy Name o	Bruch 1 f Person	at ( <b>339</b> ) <b>383-</b> Area Code Daytim	re Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	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)
Mailing Address Registration S Division of C P.O. Box 632	Section forporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on	and assigned			
Florida document number <u>L 24 00 0 208 77 6</u>	1			
Florida document number & Florida document number E & Florida document number E				
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 desig	nation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	7.4. Z4			
(Principal office address MUST BE A STREET ADDRESS)	<u></u>			
	新り 基本			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)	<del></del>			
<del></del>				
B. If amending the registered agent and/or registered office address on our recongent and/or the new registered office address here:	rds, enter the name of the new register			
the first to the second				
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:				
Enter Florida .	Enter Florida street address			
Cin <sup>,</sup>	, Florida			
	Zip Code			

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
AMBR	Timothy T. Bruehl	3254 Stringfellow Rd	□Add
	/	3254 Stringfellow Rd Bokeelia, Horida 33922	ERemove
			Change
AMBR	Jonathan Tustin	3254 Stringfellow Rd Boxeelia, Florida 33922	(\$\overline{\Phi}\and dd
		Boxeelia, Florida 33922	Remove
			□Change
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Effective date fan effective dat Note: If the da	e, if other than the is listed, the date mate inserted in this fective date on the	he date of filing must be specific and block does not r	meet the applica	to date of filing or n	ore than 90 days aft g requirements, t	tional) er tiling.) Pursuant to his date will not be	605,0207 ( listed as t
e record specifi rd is filed.	es a delayed effec	tive date, but not	t an effective tir	me, at 12:01 a.m.	on the earlier of:	(b) The 90th day :	ifter the
Dated		***	·	_ ·			
	. 1	100	<b>A</b> ()				
	Komi y	Signature of a	member or autho	rized representative	of a member		-

Filing Fee: \$25.00