

L24000219211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

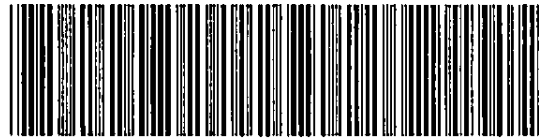
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TALLAHASSEE, FLORIDA  
07/23/24

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$55.00

AUTHORIZATION SIGNATURE: 

Southwest Association Management, LLC L24000214214

BUSINESS ( Name) Document #

☐ Walk in ☐ Pick up time ☐

☐ Mail out ☐ Will wait ☐

☐ Photocopy

☒ Certified copies of

☐ Certificate of Status

#### NEW FILINGS

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☒ **CORP**  
☐ LLP

☐ **INC**

#### OTHER FILINGS

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTIL ( )                       
Country

#### AMMENDMENTS

☒ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ Conversion

#### REGISTRATION/QUALIFICATIONS

☐ Foreign Filing  
☐ Limited Partnership  
☐ Revocation of Dissolution  
☐ Trademark  
☐ Other

DEPT OF STATE  
TALLAHASSEE, FL

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ED

EXAMINER'S INITIALS:

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Southwest Association Management, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natalie M. Cirigliano

\_\_\_\_\_  
Name of Person

Southwest Association Management, LLC

\_\_\_\_\_  
Firm/Company

610 Wymore Rd., Suite 200

\_\_\_\_\_  
Address

Maitland, FL 32751

\_\_\_\_\_  
City/State and Zip Code

swpmcfl@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|---|--|

**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

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TALLAHASSEE, FL  
JAN 17 2011  
2011 JAN 23 AM 8:01

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Southwest Association Management, 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 May 07, 2024 and assigned  
Florida document number L24000214214.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

N/A

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Type of Action</u>
AMBR	Southwest Property Mgmt of Centr	610 Wymore Rd., Suite 200	<input type="checkbox"/> Add
	central FL, Inc.	Maitland, FL 32751	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

STATE OF FLORIDA  
TALLAHASSEE, FL  
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Full Legal Name of AMBR to be removed is Southwest Property Mgmt of Central Fl., Inc.

2024 JUN 23 AM 8:02  
TALLAHASSEE, FL  
TALLAHASSEE, FL

**E. Effective date, if other than the date of filing:** July 23, 2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 23, 2024

Kathalie M. Criegiano

Signature of a member or authorized representative of a member

**Natalie M. Cirigliano**

Typed or printed name of signee

**Filing Fee: \$25.00**