Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:					
	Division of C	orporations			
	Fax Number	: (850)617	7-6383		
from:					
	Account Name	: LEGALZO	OM.COM INC.		
	Account Numbe	r : I2001000	90062		
	Phone	: (323)962	2-8600		
ρ, Σ *	Fax Number	: (323)389	9-0502		
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S & C RIVAS LAWN S	SERVICES LLC
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Page Count	06
Estimated Charge	\$55.00

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Corporate Filing Menu

Help

Registration Section

To:

TO:

COVER LETTER

Div	ision of Corpo	orations		
SUBJECT:	S & C RIVA	S LAWN SERVICES LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.	
Picase return	all correspond	dence 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	······································
		scrivaslawnservice@gmail.	com o be used for future annual report	noutication)
For further in	nformation co	ncerning this matter, please ca		Hothesian
Mike Town			800 773-088	
	Name of	Person	Area Code Da	ytime Telephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F		S30.00 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & C RIVAS LAWN SERVICES	LLC		
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on (Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company were filed on 05/28/2024 Florida document number L24000242785			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
Swift Cutz, LLC			
The new name must be distinguishable and contain the	words "Limited Llab	oility Company," the designs	tion "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	500 Marion Oaks Blv	d, Ocala, FL, 34473
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		500 Marion Oaks Blv	d, Ocala, FL, 34473
Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the n
Name of New Registered Agent:	Sage Rivas	· · · · · · · · · · · · · · · · · · ·	1.9
New Registered Office Address:	500 Marion O	aks Blvd	
		Enter Florida st	vet address
	Ocala,		, Florida ³⁴⁴⁷³
		City	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

From: Akshay Aivale

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

Title	Name	Address	Type of Action
AMBR	Sage Rivas		Add
			☐ Remove
		500 Marion Oaks Blvd, Ocala, FL, 34473	☐ Change
AMBR	Crystal Rivas		□ Add
			☐ Remove
		500 Marion Oaks Blvd, Ocala, FL, 34473	Change
	**************************************		⊡ Add
			П Remove
			☐ Change
			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00