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(City/State/Zip/Phone #)

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2011-09-10 11:11:11

July 12, 2024

Registration Section

Division of Corporations

P.O. Box 6327

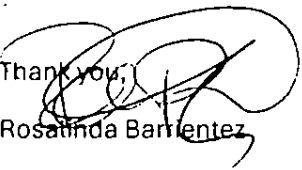
Tallahassee, FL 32314

Dear Sir/Madam:

I have attached the forms to amend the Articles of Organization for the Florida Limited Liability Company, SWFL Quality Residential Services LLC and I have included the fees of \$30.00.

Should you have any questions, please feel free to contact me at 239-324-3199 or 239-491-5308.

Thank you,

  
Rosalinda Barrientez

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SWFL QUALITY RESIDENTIAL SERVICES

\_\_\_\_\_  
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:

ROSALINDA BARRIENTEZ

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

SWFL QUALITY RESIDENTIAL SERVICES

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

2912 70TH ST W

\_\_\_\_\_  
Address

LEHIGH ACRES, FL 33971

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

swflmultiservices@gmail.com

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

For further information concerning this matter, please call:

ROSALINDA BARRIENTEZ

239 324-3199  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input 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

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

SWFL QUALITY RESIDENTIAL SERVICES 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 07/12/2024 and assigned  
Florida document number L24000310862.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2912 70TH ST W

LEHIGH ACRES, FL 33971

**Enter new mailing address, if applicable:**

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

2912 70TH ST W

LEHIGH ACRES, FL 33971

**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: ROSALINDA BARRIENTEZ

New Registered Office Address: 2912 70TH ST W

*Enter Florida street address*

LEHIGH ACRES

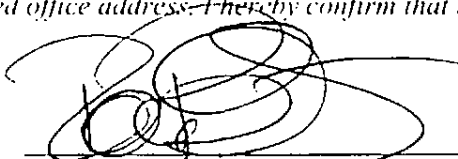
*City*

Florida 33971

*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**

[illegible]

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**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.

Dated July 22 2024

Signature of a member of the

Signature of a member or authorized representative of a member

Rosalinda Parrientez

Typed or printed name of signee

**Filing Fee: \$25.00**