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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: C&R Home Improvements of Name of Limited Liability Company SWFL ZZC.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Margarita Perez Name of Person
Firm/Company
4756 22nd st sui
Legning acres FL 33973 City/State and Zip Code Cristal Perez. (Co) amail. Com E-mail address: (to be used for future annual report notitication)
For further information concerning this matter, please call:
Marairita Perer at (239) 900 -7450 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (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

(Name of the Limited Liability	Company ak it now appears on our records.) imited Liability Company)	SWFL LLC
The Articles of Organization for this Limited Liability Co Florida document number <u>L2400033(e2</u>	npany were filed on 11-07-2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	d liability company here:	
The new name must be distinguishable and contain the words "Limit	d Liability Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u></u>	
Park and a second a		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		7.7
B. If amending the registered agent and/or registered	ffice address on our records enter the name of	the new registered
agent and/or the new registered agent and/or the new registered office address here:	The address on our records, enter the name or	
Many of Nam Danistanal America	<u></u> .	·
Name of New Registered Agent:	::	••
New Registered Office Address:	<u></u>	<u> </u>
	Enter Florida street address	
	, Florida	
	City Zi	p 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 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
MGB	Macio Perez	4756 22nd stow lenign acres FL 339	(DA7dd 17 3
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			Change
LIGA	Margarda Perzz	3403 34st su lehigh acres TC 33970	Dadd
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an effective date is list lote: If the date inse		ecific and cannot be poes not meet the app	plicable statutory fi		i onal) r filing.) Pursuant to 605. is date will not be liste	
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	racirita	ture of a member or a	uthorized representat	ve of a member		
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Filing Fee: \$25.00