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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081
Phone : (307)200-2803

Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

BOS FEB 24 PM 12: 09
DEPARTURE CORPORATIONS
INVISION SEE FLORIDA
TALLARIASSEE FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SWIFT LINK SERVICES LLC

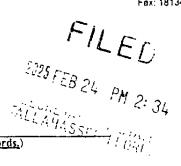
Certificate of Status	0
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K. SALY

FEB 2 5 2025

Fex: 18134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



<u>SWIFT LINK SERVICES LLC</u> (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 02/03/2025 and assigned Florida document number L25000059311 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _, Florida _

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.

Feb 24, 2025 06:31, To: +18506176383 Page: 3/4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Fax: 18134365206

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Myisha Everett	7901 4TH ST N STE 300	_ 🛛 Add
		ST. PETERSBURG, FL 33702	_ 🗆 Remove
		. <u> </u>	_ Change
AMBR	Yolanda Evans	7901 4TH ST N STE 300	_ ⊠Add
		ST. PETERSBURG, FL 33702	_ □Remove
			_ Change
			_ 🗆 Add
			_ □Remove
	<u>. </u>		□ Change □ Change □ Add □ 2 □ Remove
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this becument's effective date on the Date in the Date	ock does not meet t	he applicable st	of filing or more than atutory filing requir	90 days after filin ements, this day	g.) Pursuant to 605.020 te will not be listed as
ecord specifies a delayed effectives is filed.	e date, but not an el	ffective time, at	12:01 a.m. on the c	arlier of: (b)	The 90th day after the
ed February 24	. 2	024			
	Signature of a memb	er or authorized r	epresentative of a me	mber	
	-				

Filing Fee: \$25.00