

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

10

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Career Services by Swagata, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Swagata Buck

Name of Person

Career Services by Swagata, LLC

Firm/Company

1903 Rio Vista Drive

Address

Fort Pierce, FL 34949

City/State and Zip Code

swagata.buck@gmail.com

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

For further information concerning this matter, please call:

Swagata Buck

Name of Person

at (267) 334-5813

Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2025 FEB 20 AM 8:52  
STATE  
TALLAHASSEE, FL

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

Career Services by Swagata, 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 02/05/25 and assigned  
Florida document number 1.25(XXXX)63320.

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:**

N/A

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

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

N/A

**(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:

Swagata Buck

New Registered Office Address:

1903 Rio Vista Drive

Enter Florida street address

Fort Pierce

City


Florida

34949

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

Title	Name	Address	Type of Action
MGR	Swagata Buck	1903 Rio Vista Drive	<input checked="" type="checkbox"/> Add
		Fort Pierce	<input type="checkbox"/> Remove
		FL., 34949	<input type="checkbox"/> Change
AMBR	Timothy Paul Buck	1903 Rio Vista Drive.	<input checked="" type="checkbox"/> Add
		Fort Pierce	<input type="checkbox"/> Remove
		FL., 34949	<input type="checkbox"/> Change
AMBR	Swagata Buck	1903 Rio Vista Drive	<input checked="" type="checkbox"/> Add
		Fort Pierce	<input type="checkbox"/> Remove
		FL., 34949	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

67  
 20 FEB 20 11:08:52  
 DEPT. OF STATE  
 TALLAHASSEE, FL

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

2025 FEB 11  
10:11  
10:11

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 17 CFR 201.27(a)(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 21/20/2025

So can Ryan

Signature of a member or authorized representative of a member

Swagata Buck

Typed or printed name of signee