L120000 45297

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| (City/Cittle II) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| SUBJECT: | 4721W LLC | | | | | | |
|----------------|---------------------------------|--|---|--|--|--|--|
| SUBJECT: | * | Name of Lin | ited Liability Company | · | | | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return | all correspon | ndence concerning this matter | to the following: | | | | |
| | | Charles PT Phoenix | | | | | |
| Name of Person | | | | | | | |
| | Rhodes Tucker Phoenix Chartered | | | | | | |
| Firm/Company | | | | | | | |
| | 2407 Periwinkle Way, Stc. 6 | | | | | | |
| | Address | | | | | | |
| | | Sanibel, FL 33957 | | | | | |
| | | cptp@rhodestucker.com | City/State and Zip Code | | | | |
| | | | to be used for future annual report notif | ication) | | | |
| For further in | nformation co | oncerning this matter, please c | all: | | | | |
| Debbie Mille | er | | 239 472-1144 at () | | | | |
| | Name of | Person | | Telephone Number | | | |
| Enclosed is a | check for th | e following amount: | | | | | |
| □ \$25.00 F | iling Fee | \$30.00 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:

TO:

Registration Section
Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 4/21W LLC | | • | | | | |
|---|---|--|----------------------------|----------------|--|--|
| (Name of the Lin | ited Linbility Comp (A Florida Limited | any as it now appears on our Liability Company) | records.) | | | |
| The Articles of Organization for this Limited Florida document number L12000065297 | Liability Company | were filed on May 11, 20 | 12a | nd assigned | | |
| This amendment is submitted to amend the following | llowing: | | | | | |
| A. If amending name, enter the new name | of the limited liah | oility company here: | | | | |
| | | | • | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation | "LJ.C" or the abbreviat | ion "L.L.C." | | |
| Enter new principal offices address, if appli | cable: | 1110 50F | | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | WYANDOT | TE, MI | 48192 | | |
| | | | 170 (-) | | | |
| Enter new mailing address, if applicable: | | 1110 SUPERIOR BLUD WYDN DOTTE, MI 48192 | | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | WYPNDOT | re, nI | 48192 | | |
| B. If amending the registered agent and registered agent and/or the new registered of | office address her | <u>e:</u> | ecords, <u>enter the n</u> | ame of the new | | |
| Name of New Registered Agent: | RT Corporate S | Services LLC | . 1-4 | | | |
| New Registered Office Address: | te Address: 2407 Periwinklo Way, Stc. 6 | | | | | |
| · | Sanibel | Enter Florida street | | a 900 | | |
| | | City | , Florida | 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 MGRM Daniel Wayne Murray 3976 Skyway Drive PPV CL Naples, FL 34112 Remove □ Change MGR Daniel W. Murray, Jr. 1110 Superior Blvd. **B** ∧dd Wyandotte, MI 48192 □ Change _□ Λdd □ Remove □ Change □ Add □ Remove ☐ Change bb∧ □ _□ Remoye OC Change _□ Add<u>-></u>, □ Re**njo**ve

□ Change

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Filing Fee: \$25.00