00095075

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400385968844

ビュフェルバーン ATR 25 1.1 04/25/22--01005--017 **25.00

UN SO SOLI

COVER LETTER

TO: Registration Se Division of Cor	porations		
SUBJECT: <u>SAW</u>	manasement LLC Name of Line	nited Liability Company	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Na	Name of Person	
		Name of Person	
		Firm/Company	
	agas cente	L ST Unit 2 Address	
	Coconuti	GYOVC, FL 33/33 City/State and Zip Code	
	E-mail address?	UNIVERSAL E SMOON to be used for future annual report notif	L. Com
For further information c	oncerning this matter, please c		
natalie Ja	ohnson	at (305) 968- Area Code Daytimo	4564
Name o	i Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing 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:

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

<u>SHW Manajemen</u>	t LC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L1260 \cos 95075}{L1260 \cos 95075}$.	were filed on $\frac{7/30}{}$	12012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2925 CE	enter st
(Principal office address MUST BE A STREET ADDRESS)	coconut	Grove, FL 33133
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		, o and
	Enter Florida street	
		, Florida Zip Code
	City	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

-	
_	
-	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
ffecti	ve date, if other than the date of filing: (optional)
an effe ote:	ctive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	nt's effective date on the Department of State's records.
record Lis file	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
15 111	.u.
ated _	
_	
	Ma John on
	Signature of a member or authorized representative of a member
	\mathcal{O}