

L13000060667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

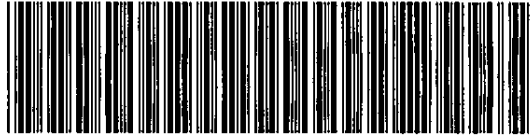
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR 10 PM 3:50
FRI
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C.L.
4-23-15

3080 Tamiami Trail East
Naples, Florida 34112
Telephone (239) 649-4900
Fax (239) 649-0823
Internet:
www.swflalaw.com

Treiser

TREISER COLLINS



Collins

Richard M. Treiser
Thomas A. Collins, II ■ ♦
Christopher J. Cona
Robert A. DeMarco *
Bradley S. Donnelly ♣
Craig A. Goddy ▲ ●
Christopher B. O'Connell
George M. Compton-Craig

Of Counsel:

James L. Arnold ☆ * ♣ ♦

4/6/2015

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Fla 32314

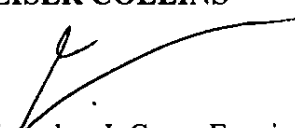
**Re: Amendment filing fees
MOMW LLC**

To Whom It May Concern:

Enclosed please find Articles of Amendment form for MOMW LLC along with a check in the amount of \$30.00 to cover the filing fee for each amendment.

Very truly yours,

TREISER COLLINS


Christopher J. Cona, Esquire
For the Firm
e-mail: ccona@swflalaw.com
Enclosure

♦ Circuit Mediator

Also admitted in: * Connecticut ☆ District of Columbia ♣ Illinois ● Indiana ■ Kentucky
⌘ New York ▲ Pennsylvania ◆ Virginia

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOMW LLL
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Cona
Name of Person

Treiser Collins
Firm/Company

3080 TAMiami TRAIL E.
Address

NAPLE, FLA 34112
City/State and Zip Code

CCONA@SWFLA.LAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Cona at (239) 649-4900
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 APR 10 PM 3:50

~~XXXXXXXXXX~~ MOMMW 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 4/25/13 and assigned
Florida document number L13000060667.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michael Welsby	4620 8 th Ave. NE	<input type="checkbox"/> Add
		NAPLE, FL 34109	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

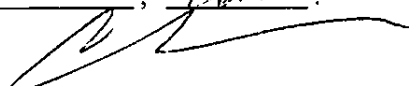
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DIVISION OF CORPORATIONS

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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 6, 2015



Signature of a member or authorized representative of a member

CHRIS CORA - FBN 0141178

Typed or printed name of signee