## 119000159678

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## **COVER LETTER**

TO:	Registration So Division of Cor		,				
cin	PW Oviedo						
Name of Limited Liability Company							
The	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Plea	ise return all correspo	ondence concerning this matter	to the following:				
		James Talton					
			Name of Person	<del></del> -			
		ProntoWash					
			Firm/Company	<del></del>			
		511 W Bay Street, Suite 3	69				
			Address	<del></del>			
		Tampa, Florida 33606					
			City/State and Zip Code				
		james@bluemarblestrategio					
		E-mail address: (	to be used for future annual report notif	fication)			
For	further information c	oncerning this matter, please c	all:				
Jan	nes Talton		813 431-1138				
	Name o	f Person	Area Code Daytime	e Telephone Number			
Enc	losed 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 Fec. 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

PW Oviedo LLC

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000159678</u> .	were filed on June 17, 2019	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)		Ş <u>_</u>		
Enter new mailing address, if applicable:	¥			
(Mailing address MAY BE A POST OFFICE BOX)		<u>ω</u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		the name of the I		
	, Florida			
<del></del>	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	familiar with and if this document is		

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Affective date, if other than the fan effective date is listed, the date inserted in this document's effective date on the	s block does not	meet the applic	cable statutory	or more than 90 day filing requiremen	ys after filing.) Pu ts, this date will	rsuant to 6 not be li	605.020 isted a
e record specifies a dela <sup>s</sup> The 90th day after the i			ot an effecti	ve time, at 12	:01 a.m. on	the ear	rlier (
Dated		2019					
<b>A</b> ()	Apolada						
/ / INN 4. /	'	a member or auth					

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Filing Fee: \$25.00