

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L2100017294

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000270225 3)))



H210002702253ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PAVESE LAW FIRM  
Account Number : I20130000057  
Phone : (239)334-2195  
Fax Number : (239)332-2243

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AW-PSL FOOD & BEVERAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
2021 JUL 14 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2021 JUL 14 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

BB  
7/15/21

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

**AW-PSL FOOD & BEVERAGE, 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 3/11/2021 and assigned  
Florida document number L21000117294.

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 contain 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)

2211 Medina Road, Suite #100

Medina, Ohio 44256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2211 Medina Road, Suite #100

Medina, Ohio 44256

**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

City, Florida

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**

[illegible]

FILED  
2021 JUL 14 PM 3:25  
STORRIDGE  
TALLAHASSEE  
FLORIDA

**Filing Fee: \$25.00**