

200 000013134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

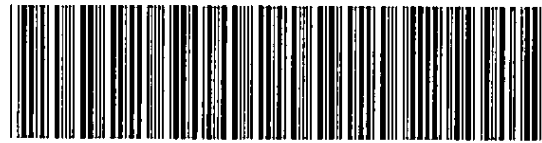
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01-19-22--01020--001 **52.50

RECEIVED

JUL 18 2022

FILED

2022 FEB 11 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 22 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2022

DAVID WOODS
3042 HOFFNER AVE.
BELLE ISLE, FL 32812

SUBJECT: WOODS FAMILY PROPERTIES DWW, LLC
Ref. Number: L00000013134

We have received your document for WOODS FAMILY PROPERTIES DWW, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 322A00002162

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Woods Family Properties DWW, LLC
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:

David W. Woods
Name of Person
Woods Family Properties DWW, LLC
Firm/Company
3042 Hoffner Ave.
Address
Belle Isle FL 32812-1062
City/State and Zip Code
DWoodsLCD@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David W. Woods 407 340-8373

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 32311

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 210
Tallahassee, FL 32309-2415

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

FILED

2022 FEB 11 PM 12:43

Woods Family Properties DWW, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on October 26, 2000 and assigned
Florida document number L00000013134.

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)

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 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

[illegible]

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

There are no other amendments. However, your letter number 322A00002162 (attached) acknowledges receipt of a check for \$52.50 with an incorrect application. Please credit \$25.00 of that to this application and refund the balance of \$27.50 to:

Woods Family Properties DWW, LLC

3042 Hoffner Ave.

Belle Isle FL 32812

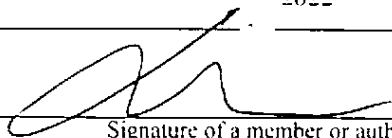
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 7, 2022



Signature of a member or authorized representative of a member

David W. Woods

Typed or printed name of signee