## 10200031395

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S. HAWKES
AUG 1.9 2009

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: PWT BLC  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:				
C RANDOLPH MILLER  Name of Person				
Name of Person				
PWT ONE LLC Firm/Company				
Firm/Company				
POBOX353 Address				
Address				
VENUS FC 33960 City/State and Zin Code				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
G. ParDourt MILLER at (863) 2 43 - 1854  Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$Certificate of Status \$55.00 Filing Fee &Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

PWT LLC		
( <u>Name of the Limited Liabilio</u> (A Florida	ty Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{11/2}{2}$	Z Ø Z and assigned
Florida document number <u>L 02000031395</u>	•	
This amendment is submitted to amend the following:		designation "I C" or the abbreviation
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	悪らて
PWT ONE LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation-
Enter new principal offices address, if applicable:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 to
(Principal office address MUST BE A STREET ADD	RESS)	7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ords, enter the name of the new
Name of New Registered Agent:	and the same of th	
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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR'= Manager

MGRM = Managing Member

Title <u>Address</u> **Type of Action** Name SHARON MILLER JULIANNE FORGUSON Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) G. TRANDLRH MILLCON
Signature of a member or authorized representative of a member RADOLOH MILLER

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00