## 04000027137

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## **COVER LETTER**

TO: Registration of Division of	on Section f Corporations
RWL	. 9, LLC
SUBJECT:	Name of Limited Liability Company
	respondence concerning this matter to the following:
	Tom Runyan
	Name of Person
	Runyan Law Firm, PA
	Firm/Company
	707 NE 3rd Avenue, Suite 300
	Address
•	Fort Lauderdale, FL 33304
	City/State and Zip Code
	tom@runyanlawfirm.com  E-mall address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Tom Runyan	954 561-9466
Na	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing Fo	Certificate of Status  Certificate of Status  Cardified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



January 9, 2015

TOM RUNYAN RUNYAN LAW FIRM, PA 707 NE 3RD AVENUE, SUITE 300 FORT LAUDERDALE, FL 33304

SUBJECT: RWL 9, LLC Ref. Number: L04000027137

We have received your document for RWL 9, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

The name of the registered agent must be the same as listed on our database for the corporation/fictitious name listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 515A00000520

2015 JAN 13 PM 12: 24 SECRETARY OF STATE

www.sunbiz.org

## To: Page 4 of 10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RWL 9, LLC				
(Name of the Limited L.	iability Compan Iorida Limited Li	y as it now appears on ou ability Company)	records.)	
The Articles of Organization for this Limited Liabil Florida document number L04000027137  This amendment is submitted to amend the following the content of the content is submitted to amend the following the content is submitted to amend the content is submitted to a content is su		vere filed on Apri	19,2004	and assigned
A. If amending name, enter the new name of the	limited liabil	ity company here:		
The new name must be distinguishable and end with the word	ls "Limited Liabil	ity Company," the designs	tion "LLC" or the abbro	viation *L.L.C."
-		2631 NE 14th Av		
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A				
11 (Inc. par office waters ALOBA DE A STABLE A	<u> </u>			SE SE
Enter new mailing address, if applicable:	•	2831 NE 14th Av	enue, R-400	JAN 13 P
(Mailing address MAY BE A POST OFFICE BO)	<b>Y</b> )	Wilton Manors, F	L 33334	<u> </u>
	_			7 3 ;-
				S 5
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off address here:	ce address on our :	records, enter the	name of the dew
Name of New Registered Agent: The F	Runyan Law	Firm, PA	ar	
New Registered Office Address:	707 NE 3rd /	venue, Suite 300		
	Now Registered Office Address  Enter Florida street address			
<u> </u>	ort Lauderd		, Florida <u>3330</u>	4
		City	2	Tip Code
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the registery company has been notified in writing of this change.	nd complete p ed agent as pr stered office g	erformance of my du ovided for in Chapte	ties, an <del>d I am</del> fami y 695, F.S. Or) if th	liar with and his document is d liability

Page 1 of 3

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:

Title	<u>Name</u>	Address	Type of Action
MGR	Anthony A. DeRiggi as Tru	2631 NE 14th Ave #R-400, Wilton	Manor Add
			Remove
MGR	Robert W Lovern	629 Idlewyld Drive	
		Fort Lauderdale,FL 33301	<u></u> ≌ Remove
	•	•	
			□ Remove
			□ Remove
			2015 JAN 13 PI SECRETARY OF TALKAHARSEE.
			N 13 PM 12: 24 ETABY OF STATE HARSEE. FLORIDA

Page 2 of 3

ľ	f amending any other information, ente	r change(s) here:	(Attach additional s	heets, if necessary.)			
	<u> </u>	_	-				
		_					
	<u> </u>						
(11	Mective date, if other than the date of fi he effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	o gwe or receibt or my	ed date und cannot be mor	(optional) e than 90 days after			
D	December 22,	2014	_•				
	andony P. De A	of a molinber or suthon	ized representative of a n	nember			
		Anthony A DeRiggi, as Trustee of the Anthony A DeRiggi Trust					
		Typed occurates	name of signes				

Page 3 of 3

Filing Fee: \$25.00