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COVER LETTER

TO: Registration Division of C		,	
RWL 9,1			*
SUBJECT:		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JEFFREY SELZER		
		Name of Person	
	SELZER LAW		2022
		Firm/Company	2 DEC
	2550 NE 15th AVENUE		
		Address	**** 51
	FORT LAUDERDALE, F	L 33305	등
	JEFF@SELZERLAW.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report notificati	on)
For further information	concerning this matter, please c	all:	
ANDY MARTIN		910 684-0716 at ()	
Name	of Person		ephone 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32.	ations shassee reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RWL 9, 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 $\frac{04/09/2004}{1}$ and assigned Florida document number ____L04000027137 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) כח 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Anthony DeRiggi	6192 NW 24th Street	🗆 Add
		Boca Raton, FL 33434	Remove
			□Change
MGR	MGR Andy Martin	6192 NW 24th Street	= Add
		Boca Raton, FL 33434	□Remove
			CEI Change
AMBR	Anthony DeRiggi	TEE A. DeRiggi Trust UAD 10/28/2022 —:	☐ Add
	6192 NW 24th Street	Remove	
	Boca Raton, FL 33434	◯ - ☐ Change	
			□Add
			□Remove
		□Change	
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fective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot b	prior to date of filing or more than 90 days after filing.) Pursuant to 6 applicable statutory filing requirements, this date will not be li	
ocument's effective date on the Department of State's re		
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	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day af	
l is filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day af	
ated December 9 , 2022	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day af	
	r authorized representative of a member	