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(Req	uestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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## **COVER LETTER**

	ision of Cor				
SUBJECT:	RWL 9, LI				
SUBJECT:		Name of Lin	nited Liability Company		-
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		JEFFREY SELZER			
			Name of Person		_
		SELZER LAW			
			Firm/Company	-	<del>_</del>
		2550 NE 15th AVENUE			
			Address		(92) -
		FORT LAUDERDALE, F	L 33305		2022 KAY -
			City/State and Zip Code		- j
		JEFF@SELZERLAW.COM			7. pr
		E-mail address: (	to be used for future annual report	notification)	III 10: 01
For further in	formation c	oncerning this matter, please c	all:		- =
ANDY MAI	RTIN				
	Name o	f Person	Area Code Da	ytime Telephone Numb	er
Enclosed is a	check for th	ne following amount:			
<b>■ \$2</b> 5.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certific	cate of Status & ed Copy
	iling Addres				
-			<u> </u>		
	). Box 632	910   684-0716     of Person   Area Code   Daytime Telephone Number			
1 21	ianassee, I	TL 34314	2410 N. MO	nroc street, suite	010

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RWL 9, LLC				
( <u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)			
he Articles of Organization for this Limited Liability Compa	any were filed on 04/09/2004	<u></u>	and ass	igned
lorida document numberL04000027137				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited I	iability company here:			
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or th	ne abbrev	iation "L.	L.C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS			* 3	
		<u></u>	<u> </u>	
		,	:	
nter new mailing address, if applicable:			<del>- &amp; -</del>	<del></del>
<u> 1 Aailing address MAY BE A POST OFFICE BOX</u>				·
			` 	
. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ce address on our records, <u>enter the r</u>	iame of	the nev	v regist
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
<del></del>	, Florida		ip Code	
	Cult		ip cour	

## 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

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
AMBR	Anthony DeRiggi	T'EE A. DeRiggi Trust UAD 10/28/2022	□Add
		6192 NW 24th Street	<b>=</b> Remove
		Boca Raton, FL 33434	□Change
			🗆 🗅 Add
			□Remove
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			□ Change

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ated May 4	In le warte			
The la what	Signature of a member or authorized representative of a member	ated May 4		
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member		

Filing Fee: \$25.00