

LO4000076450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

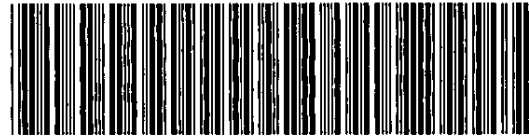
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04/23/14--01005---027 **43.75

FILED
FEBRUARY 22 2014
FALCONSBURG, MISSISSIPPI

2014 MAY 22 PM 4:01

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2014

ROBERT WAVERKA
3771 8TH AVE. SE
NAPLES, FL 34117

SUBJECT: RTW LLC
Ref. Number: L04000076450

We have received your document for RTW LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 314A00009557

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RTWLLC
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:

Robert Waverka

Name of Person

RTWLLC

Firm/Company

3371 8th Ave SE

Address

Naples FL 34117

City/State and Zip Code

rtwllc@mac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Waverka

Name of Person

at (239) 249-2762

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
TALLAHASSEE, FL 32301
MAY 22 2014

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

RTWLLC

(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 10/21/2004 and assigned Florida document number LO4000076450

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 end with 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)

Robert Waverka
3371 8th Ave SE
Naples FL 34117

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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ryan R McArthur	778 107 th Ave N Apt B	<input type="checkbox"/> Add
		Naples FL 34108	<input checked="" type="checkbox"/> Remove
AMBR	Donald J Calderon	4170 Washington Ln Apt 102	<input checked="" type="checkbox"/> Add
		Naples FL 34116	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FL 32309

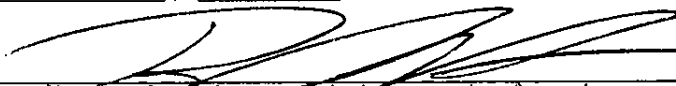
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 5/5/14 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 13, 2014



Signature of a member or authorized representative of a member

Robert T Waverka

Typed or printed name of signee

FILED
MAY 22 2014
FILING OFFICE
TALLAHASSEE, FLORIDA

2014 MAY 22 PM 4:01

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