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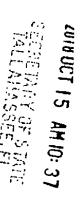


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COVER LETTER

ТО:	Registration Se Division of Cor		•	
	W & W VI.	LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
Please	return all correspo	ondence concerning this matter	to the following:	
		Derek A. Schwartz, Esq		
			Name of Person	
		Derek A. Schwartz, P.A.		
			Firm/Company	
4755 Technology Way, Suite 205				
			Address	
		Boca Raton, FL 33431		
		derek@derekaschwartzp	City/State and Zip Code a.com	
		E-mail address: (to be used for future annual report notiff	ication)
For fur	ther information o	oncerning this matter, please c	all:	
Derek	Schwartz		561 9818089	
	Name o	f Person	at () Area Code — Daytime	Telephone Number
Enclos	ed is a check for the	ne following amount:		
■ \$2	5.00 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 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

FILED

2018 OCT 15 AH 10: 37

W & W VI, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records) LEHASSEE, FL (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on 12/27/2005	and assigned
Florida document number L05000122690	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	tited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD)	<u>RESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis	stered office address on our re-	cords, enter the name of the
registered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street c	uddress
		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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	Patricia Ward Holloway	12180 South Shore Blvd, Suite 104, Wellington, FL 33414	Add
			□ Remove
			Change
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Note: If the date ins	ner than the date of filing:
document's effective	date on the Department of State's records.
	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ter the record is filed.
Dated October	2018
	Signature of a member or authorized representative of a member
James J	
	Typed or printed page of signer

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

Page 3 of 3

Filing Fee: \$25.00