## L07000001155

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(Document Number)				
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MAR 25. 2011				
EXAMINER				

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03/24/11--01020--007 \*\*25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Charles Winston Luxury Group, LLC 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:
David Koss Name of Person
6 CW L 6 Firm/Company
3301 N. 29 De
Hollywood, FL 33020
City/State and Zip Code  d Koss@/puratchgroup.com  E-mail address: To be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954 926 8470  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status \$\ Certificate of Status & 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

Charles Winston Luxury Group 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 Florida document number L07000001155 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CWLG, LLC

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) 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 add City 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 608, 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 umending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
-			Add Remove	
			Add Remove	
			Add Remove	
<del></del>	<del> </del>		Add Remove	
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_	
_			_ _	
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Dated	2.0.1	<del>/</del>		
	Signature of a member of a mem	et or authorized representative of a member  Anaging  Med or printed name of signee	emper	

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Filing Fee: \$25.00