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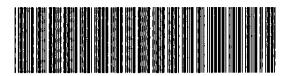
| (Re | equestor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only

B. KOHR

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EXAMINER



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SECRETARY OF STATICHS
OIVISION OF CORPERATIONS
OIVISION OF CORPERATIONS

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: HAW at SLW 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: |
| Theresa M. Russo |
| How at Siw ilc Firm/Company |
| 1678 SW Harbour Isles ar |
| Post St. Lucie FL 34986 City/State and Zip Code |
| + m russo 1678 a col.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Christopher Russu at (772) 486-9464 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Certificate of Status}\$ Certificate of Status \$\text{Certified Copy} \text{(additional copy is enclosed)}\$ \$60.00 Filing Fee, Certificate of Status & Certified Copy \text{(additional copy is enclosed)}\$ |
| MAILING ADDRESS: STREET/COURIER ADDRESS: Positivation Section Position |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

200

| re: any," the designation "LLC" or the abbreviation |
|--|
| <u>re</u> : |
| <u>re</u> : |
| |
| |
| any," the designation "LLC" or the abbreviation |
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| |
| our records, enter the name of the new |
| |
| |
| nter Florida street address |
| , Florida |
| _ |

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 Changing Registered Agent, Signature of New Registered Agent

If amending 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>Address</u> **Type of Action** <u>Title</u> **Name** Theresa M. Russo 1678 SW Harbour Isles Cir Port St Luce FC 34986 □ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Oct 11 Dated_ 2011 Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00