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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

22

Account Name : ROBERT D. ROYSTON, JR., P.A.

Account Number: I20150000047

Phone

: (239)205-2225

Fax Number

: (239)205-2016

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

rroyston@rroystonlaw.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CDW 12748 UNIVERSITY DRIVE, LLC**

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M. SOLOMON

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDW 12748 UNIVERSITY DRIVE, LL					
(Name of the Limited Li (A F	inbility Compa Iorida Limited	iny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liabili Florida document number L07000114383	ity Company	were filed on 11/13/2007		_ and assign	ed
This amendment is submitted to amend the followin	<u></u> -				
A. If amending name, enter the new name of the	limited liab	ility company here:			
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	"LLC" or the abbrev	riation "L.L.C	
Enter new principal offices address, if applicable:		12140 Carissa Commerc	e Court, Suite 102		
Principal office address MUST BE A STREET ADDRESS)		Fort Myers, FL 33966			2021
Enter new mailing address, if applicable:				\$5.5 \$1.00 \$	2021 APR 29
(Mailing address MAY BE A POST OFFICE BOX)				E. 4.03.	AH 9 3
B. If amending the registered agent and/or regist agent and/or the new registered office address he		address on our records,	enter the name o	f the new re	ယ တ egister
Name of New Registered Agent: R	Robert D. Royston, Jr., P.A.				
New Registered Office Address:	2140 Carissa	Commerce Court, Suite 102			
		Enter Florida street	address		
F	ort Myers		_, Florida <u>33966</u>		
		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 Arbitered Agent Signature of New Registered Agent

MGR = Manager

To:

 \Box Change

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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f an effective date is lis	led, the date must be spe	cific and cannot be p	rior to date of filing	or more than 90 days	optional) after filing.) Pursuant to 60 i, this date will not be lis	15.0207 (3) ited as the
document's effective	date on the Departme	ent of State's reco	rds.			
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e record specifies a d rd is filed.	elayed effective date.	but not an effectiv	re time, at 12:01 :	a.m. on the carlier of	of: (b) The 90th day aft	er the
	79	. 2021	-MM	M/	•	
Dated April						
Dated April				11		