

# L07000114383

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H21000434153ABCX

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Division of Corporations  
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Email Address: rroyston@rroystonlaw.com

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

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

NOV 30 2021

A. LUN

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ALL AMND/RESTATE/CORRECT

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

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FILED  
STATE  
SECRETARY OF CORPORA  
DIVISION OF CORPORATE  
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CDW 12748 UNIVERSITY DRIVE, 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 11/13/2007 and assigned  
Florida document number L07000114383.

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 contain 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 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

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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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CDW Properties of Lee County, LL C	12140 Carissa Commerce Ct., Ste. 102	<input type="checkbox"/> Add
		Fort Myers, FL 33966	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CDW Properties of Lee County, LL C	12140 Carissa Commerce Ct., Ste. 102	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 29

2021

*Randal Z. Muen*  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Randal L. Mercer, successor Trustee of the Calvin D. Wible Trust of 2007, dated 5/23/2007

Typed or printed name of signee

**Filing Fee: \$25.00**

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