

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Notes: Please print this page and use it as a cover sheet. Type the fax and it number (shown below) on the top and bottom of all pages of the document.

(((H21000172443 3)))



H210001724433ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

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.

Email Address: rroyston@rroystonlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CDW 7811 UNIVERSITY POINTE DRIVE, LLC

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

MAY - 3 2021

M. SOLOMON

2021 APR 30 AM 8:01

2021 APR 30 PM 1:46
DEPT OF STATE
TALLAHASSEE, FLORIDA

FILED

(((H21000172443 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

CDW 7811 UNIVERSITY POINTE 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 L07000114427.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12140 Carissa Commerce Court, Suite 102

Fort Myers, FL 33966

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2021 APR 30 PM 1:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

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: Robert D. Royston, Jr., P.A.

New Registered Office Address: 12140 Carissa Commerce Court, Suite 102

Enter Florida street address

Fort Myers, Florida 33966
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

(((H21000172443 3)))

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2021 APR 30 PM 4:46
CLERK OF DISTRICT COURT
HARRIS COUNTY TEXAS

FILED

(((H21000172443 3)))

((H21000172443 3)))

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

MASS. STATE
RECORDS
OFFICE
JAN 10 1981

U.S. DEPT. OF STATE
WASHINGTON, D.C. 20520

2021 APR 30 PM 1:46

75

E. Effective date, if other than the date of filing: _____ (optional)

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 April 29, 2021

Signature of a member or authorized representative of a member

Robert D. Royston, Jr.

Typed or printed name of signee

Filing Fee: \$25.00
(((1121000172443 3)))