

**L07000114098**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H21000434139 3)))



H210004341393ABC.

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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

FILED  
2021 NOV 29 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CDW 5421 DIVISION DRIVE, LLC**

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

NOV 30 2021

S. PRATHER

2021 NOV 29 AM 10:11

TALLAHASSEE, FLORIDA

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

(((H21000434139 3)))

CDW 5421 DIVISION 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 11/14/2007Florida document number L07000114898

FILED  
2021 NOV 29 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)12140 Carissa Commerce Ct., Ste. 102Fort Myers, FL 33966**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. FloridaCityZip 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

(((H21000434139 3)))

(((H21000434139 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>
MMBR	CDW Properties of Lee County, LLC	23 Cypress View Drive	<input type="checkbox"/> Add
		Naples, FL 34113	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CDW Properties of Lee County, LLC	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
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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.)**

[illegible]

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

*Pandell Meeuw*  
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

FILED  
2021 NOV 29 AM 11:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

11/24/21, 3:51 PM

Division of Corporations

**L210004334223**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H210004334223))



H210004334223ABCV

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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DC & G PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

NOV 30 2021  
S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

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((H21000433422 3)))

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DC & G PROPERTIES 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 AUGUST 27, 2021 and amended  
Florida document number L21000385527

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

City, Florida 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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2021 NOV 29 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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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>
MGR	GLORIA MARTINEZ	2412 SMITH STREET	<input type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input checked="" 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
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			<input type="checkbox"/> Change

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

[illegible]

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 11 2021

Signature \_\_\_\_\_

Signature of a member or authorized representative of a member

CALIXTO ARTEAGA

Typed or printed name of signee

SECURITARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV 29 AM 11:04

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**Filing Fee: \$25.00**

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