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

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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

Estimated Charge

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

6

R 29 PH 3

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CDW 13051 UNIVERSITY DRIVE, LLC

0
0
04

FILED 21 APR 29 MIII: 4

\$25.00

To:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDW 13051 UNIVERSITY DRIVE			
(Name of the Limite	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number 1.08000080716	,	were filed on 08/22/2008	and assigned
This amendment is submitted to amend the follo	_		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		12140 Carissa Commerce Court,	Suite 102
(Principal office address MUST BE A STREET ADDRESS)		Fort Myers, FL 33966	
			1.000
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A			
B. If amending the registered agent and/or reagent and/or the new registered office address	•	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	Robert D. Roys	ston, Jr., P.A.	₽
New Registered Office Address:	12140 Carissa (Commerce Court, Suite 102	29
		Enter Florida street address	
	Fort Myers	, Flori	33077
New Registered Agent's Signature, if changing 5	Registered Agent:	•	Full Sing
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in writing	d agent and agreer and complete stered agent as pregistered agent as pregistered office	ee to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Regulered Agent Signature of New Registered Agent

((()1210001724893)))

From: Rob Royston

MGR = Manager

Fax: 12392052225

Fax: (850) 617-6383 Page: 3 of 4 04/29/2021 2:24 PM

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To:

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

AMBK = A	autnorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□ Add
			Петоvе
			Change
			□ Add
			□Remove
			☐ Change
			□Ađd
		<u> </u>	□Remove
			☐ Change
			□Add
			□Rеточе
			□Change

Fat: 12392052225

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D. If amending	any other information, e	nter change(s) here: (Attac	ch additional sheets, if necessary.)	
<u></u>				
				
 				
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 .	 .			
				
Note: If the d	te, if other than the date of late is listed, the date must be spec- date inserted in this block doe ffective date on the Departme	es not meet the applicable stati	(optional) filing or more than 90 days after filing.) Pursual utory filing requirements, this date will not	nt to 605.0207 (3) t be listed as the
f the record speci ecord is filed.	fies a delayed effective date, l	but not an effective time, at 12	2:01 a.m. on the carlier of: (b) The 90th o	lay after the
Dated April	J.	· 2021	M. 1	
	Signatu	ire of a member of suthorized typ	resentative of a member	
Ro	obert D. Royston, Jr.			

Typed or printed name of signee