L08000093587

(Req	uestor's Name)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	<u> </u>
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE
ANASSEF, FLORID

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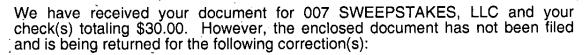
FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2013

强力超级强烈等等分别的变形的原始的现在时间还是不是工人

DWAYNE WALTRIP 1007 SWEEPSTAKES, LLC 1302 RIVERFIELD COURT VALRICO, FL 33596

SUBJECT: 007 SWEEPSTAKES, LLC Ref. Number: L08000093587



The new name you have chosen is too similar to the name of an already existing entity -- D. W. ENTERPRISES, LLC -- Doc. Number L04000043882.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 013A00001012

Buck Kohr Regulatory Specialist II

COVER LETTER

۲ <i>.</i>	TO: Registration Section of Corp	
	SUBJECT:	7 Sweepstakes Lacon
		Name of Limited Liability Company
	The enclosed Articles of A	mendment and fee(s) are submitted for filing.
	Please return all correspon	dence concerning this matter to the following:
		D. DWAYNG WOLFRIP
		007 Sweep SJAKE LLC
		1302 Rivenfield Court
		VAlrico F/A 33596 Octiv/State and Zip Code
		E-mail address: (to be used for future annual report notification)
	For further information co-	accorning this matter, please call:
	DUAYN	E at 386, 299-2007
	Name of	Person Area Code & Daytime Telephone Number
	Enclosed is a check for the	following amount:
	S25.00 Filing Fee	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATT: Buck Kohr

ARTICLES OF AMENDMENT.

TO	
ARTICLES OF OR	GANIZATION TO THE TANK THE TAN
OF	The Part of the Pa
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$\underline{}$	DOCAMES LLCOS S
(Name of the Limited Liability Company (A Florida Limited Lia	
. ((2)	- · · · ^
The Articles of Organization for this Limited Liability Company w	vere filed on Dec 8 2008 and assigned
Florida document number <u>L080009358</u>	7
town accompanie statistics.	•
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:
DW ENTERPRISES	
The new name must be distinguishable and end with the words "Limite	
LLC."	
Enter new principal offices address, if applicable:	SAME (DWAYNE WALTER)
Principal office address MUST BE A STREET ADDRESS)	
Principal Office address MUST BE A STREET ADDRESS!	
	1202 D - 5-11 C-21
Enter new mailing address, if applicable:	1302 Rivenfield Courd Valnico Florida
Mailing address MAY BE A POST OFFICE BOX)	Valnico Flonida
	33596
B. If amending the registered agent and/or registered offi-	ce 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:	
N. D	
New Registered Office Address:	Enter Florida street address
	THERE I SEN TONG HELDER CONT.

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 608, 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.

City

Florida

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

itle	<u>Name</u>		Address	Type of Actio
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. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	W. D. W.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Dogs 3 of 2

Page 3 of 3

Filing Fee: \$25.00