

LU8000114716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500139840965

01/16/09--01002--009 **25.00

RECEIVED
09 JAN 15 PM 4:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
JAN 16 2009
EXAMINER

FILED
09 JAN 15 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Advanced Incorporating Service, Inc.

1010 San Luis Road
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-575-2723
Fax: 850-575-2724
Email: orders@advancedincorporating.com
Website: www.advancedincorporating.com

NAME OF ENTITY

AWG Investments, LLC

FOR OFFICE USE ONLY

FILED
09 JAN 15 AM 9:05
TALLAHASSEE, FLORIDA

PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY

FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP

☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☒ AMENDMENT

☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN

☐ OTHER _____

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY

Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 1/15/09 TIME 4:30

Notes: _____

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

FILED
09 JAN 15 AM 9:05
TALLAHASSEE, FLORIDA

AWG INVESTMENTS, 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 December 17, 2008 and assigned
Florida document number L08000114716.

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 end with 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 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.

(If Changing Registered Agent, Signature of New Registered Agent)

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:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROBERT J. ADAMS	3020 SOUTH FLORIDA AVE., SUITE 101 LAKELAND, FL 33803	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

January 15, 2009

Signature of a member or authorized representative of a member

D. JOEL ADAMS

Typed or printed name of signee