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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:	ZW&ART.	s lic		
	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DANI	EL ZWANTS	<del>-</del>	
	Zw o	PARTS CLC Firm/Company	SECRETARY -6 AHIO: 36 TALLAHAY -6 AHIO: 36 HOTYAIX. Coloridation)	
	385 SE	CARDINAC Address	- TRAIL 3-6	
	STUART	- FL 349	297 B	
	JOE BAIZE E-mail address: (	City/State and Zip Code  FLOADA  to be used for future annual report notif	HOTYAIL. COT	
For further information of	concerning this matter, please ca			
DANIEL Name o	RWARTS OF Person	at (172) 23 Area Code Daytime	3 OF SS Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration Division of C	Section Corporations	Street Address: Registration Sec Division of Corp	porations	
P.O. Box 632	21	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LW FARTS	LLC	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on ou lability Company)	r records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>LO9 0000 304 F.P</u> .	were filed on	IILCH 30 Acon and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	on "LLC" or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		CARDINAL TRAIL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	.7
Name of New Registered Agent:		AH 10: 36
New Registered Office Address:	Enter Florida stree	et address
<del></del>		, 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 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

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>	Address	Type of Action
<u>MGR</u> M	HARY LISE ZWARTS	38SSE CARDINAL TR	AIC DAdd
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Effective date, if other than the date of filing:	(optional)	5 0207
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at rd is filed.	12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated $\frac{5/6/24}{}$ .		
1011.		
Signature of a member or authorized	representative of a member	
DANIEL SI Typed or printed name		