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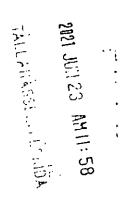
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: R.W.D Innovative Spec	ted Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter	to the following:
Kenneth &	Name of Person
RWD Innov	Firm/Company
Po. Box 1147	Address
	FL 32345 City/State and Zip Code
Kenrivestera E-mail address: (1	o be used for future annual report notification)
For further information concerning this matter, please ca	AI:
Ken Rivest Name of Person	at (888) 793-8746 or 363-2677 cell) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

R.W.D. Invovative Specy (Name of the Limited Liability Con (A Florida Limit	mpany as it now app ted Liability Compan	S LLC lears on our records. y)	)	
The Articles of Organization for this Limited Liability Compa	any were filed on	May 5, 20	ooq and assig	ned
Florida document number <u>L09000043936</u> .		,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited Li			<del></del>	
The new name must be distinguishable and contain the words "Limited Li	iability Company," th	e designation "LLC"	or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		N/A_		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<del></del>	<del>- 3</del> - 3 -	·
			ζ,	· 
			H : 5	•
Enter new mailing address, if applicable:		N/A	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			<i>&gt;</i>	
				<del></del>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on ou	r records, <u>enter t</u> l	he name of the new	registere
Name of New Registered Agent:	NA			<del></del>
New Registered Office Address:	Fuor I	Horida street address		
	12.1167			
	City	, Flor	rida Zip Code	<del></del>
New Registered Agent's Signature, if changing Registered Age	•		•	

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.

MA

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

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