# 610000126272

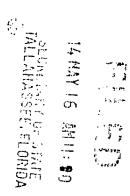
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phoni	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700260100027

05/16/14--01021--012 \*\*25.00



September MAY 2 9 2014

## **COVER LETTER**

TO: Registration Section Division of Corporation	
SUBJECT: N€	WEO CONDO, LLC
	Name of Limited Liability Company
	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	DAVID DWECK Name of Person
	NEWCO COMO, LLC
	• •
	4851 W. HUSBURD BLUD SUITE AN
	Address
	COLUNI CALTE, FL 33073  City/State and Zip Code  DDW = CAC@ GATE. NET
	DDW = CICO GATE. NET
-	E-mail address: (to be used for future annual report notification)
For further information conc	cerning this matter, please call:
DAVID DW	reson Area Code Daytime Telephone Number
wane or re	erson Area Code Daytime Telephone Number
Enclosed is a check for the f	following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEWCO COMO, 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 12/08/2010 and assigned  Florida document number  L 10000126272
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)  (CUCONUT LIEER, R 32073
(Principal office address MUST BE A STREET ADDRESS) SUIN A-4
CUCOMT CREEK, R3203
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  SVING A. Y  COLUMN CARRY, fr. 33 073
(Mailing address MAY BE A POST OFFICE BOX)  SUM A: 4
Column Credit, to 33073
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:  Y851 W. Hrus Burg Burg Suin Suin Suin Suin Suin Suin Suin Suin
New Registered Office Address: 4851 W. Hus Bow Sun Sun Sun
Colonot (akan, Florida 33073  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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	REWATA WOZNIAK	22076 PARMS W	<b>4</b> □ Add
		UNIT 105	Remove
		BOLA RAWN, GJ	7 <i>43</i> 3
MGR	DAVID DWECK	BOLD RANN, RT	ery Bus
		COLUMN CAUX, 1	£ 73073
			Add
			□ Remove
			E (Add
	1180-7-		Remove
			☐ Remove
			□ Add
			☐ Remove

If amending ar	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective date:	if other than the date of filing:(optional) must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)
Dated	5/14/, 2014
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 HAY 16 MATE BO SEUNE HAR COT DIATE TALLAHASSEE, FLORIDA