

L110000017808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

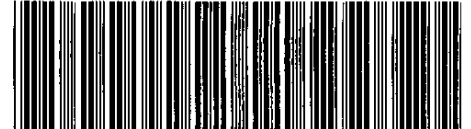
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04/08/11--01002--006 *

T. HAMPTON
APR 11 2011
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NWL Holdings, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Crystal McArdle

Name of Person

NWL Holdings, LLC

Firm/Company

5461 Johnson Road

Address

Coconut Creek, FL 33073

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal McArdle

Name of Person

at (954) 421-0109

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

FILED
SECRETARY OF
DIVISION OF CORP

11 APR -8 PM

NWL Holdings, 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 February 10, 2011 and
Florida document number L11000017808.

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
"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
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Crystal McArdle

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip C

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.

Crystal McArdle
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 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</u> |
|--------------|-----------------|--|---|
| MGR | Lousie Brunner | 5461 Johnson Road Coconut Creek, FL 33073 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Rem |
| MGRM | Crystal Brunner | 5461 Johnson Road Coconut Creek, FL 33073 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Rem |
| MGR | Crystal McArdle | 5461 Johnson Road Coconut Creek, FL 33073 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Rem |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Rem |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Rem |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Rem |

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

Dated _____

Crystal McArdle

Signature of a member or authorized representative of a member

Crystal McArdle

Typed or printed name of signee