L11000021765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers JAN 26 2015

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AW PROCESS 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:

ANDREW WOODFORD
Name of Person

AW PROCESS LLC
Firm/Company

11260 RANCH CREEK TERRACE #308
Address

LAKEWOOD RANCH, FL 34211
City/State and Zip Code

andy@awprocess.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW WOODFORD at (941) 807 1448
Name of Person 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

AW PROCESS 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 _____ and assigned Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

11260 RANCH CREEK TERRACE
APt #308
LAKEWOOD RANCH, FL 34211

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

11260 RANCH CREEK TERRACE
APt #308
LAKEWOOD RANCH, FL 34211

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*

15 JAN 13 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

_____

_____

_____

_____

_____

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 6th, 2015.

_____
Signature of a member or authorized representative of a member

ANDREW WOODFORD
Typed or printed name of signee

Filing Fee: $25.00

15 JAN 13 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA