L11000100333

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M. MILLIGAN EXAMINER

MAY 13 2014

COVER LETTER

TO: Registration Section
Division of Corporations

LIEV WARD AGENT REFERRAL NETWORK (LWARN), 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:

MARIO R. THEODORE, ESQ.

Name of Person

FAIR PRICE LEGAL

Firm/Company

9746 W. SAMPLE ROAD

Address

CORAL SPRINGS, FLORIDA 33065

City/State and Zip Code

MTHEODORE@FAIRPRICEDLEGAL.COM

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

For further information concerning this matter, please call:

MARIO R. THEODORE

.954, 210-7777

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

LIEV WARD AGENT REFERRAL NETWORK (LWARN), LLC

ARTI	CLES OF ORGANIZAT OF	RN), LLC
LIEV WARD AGENT REFE		RN), LLC 😘 🦠 🔞 🖏 🗀
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Lia Florida document number L11000100333		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company he	<u>ere</u> :
The new name must be distinguishable and end with the w	vords "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or the new registered off	or registered office address on	our records, enter the name of the n
Name of New Registered Agent:	MARIO R. THEODORE,	ESQ C/O FAIR PRICE LEGAL
New Registered Office Address:	9746 W. SAMPLE ROAD	ida street address
	CORAL SPRINGS	Florida 33065
	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. Mario R. Theodore

If Changing Registered Agent, Signature of New Registered Agent

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(The effective date must be spec	han the date of filing: (optional) iffic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after by the Florida Department of State)
	rific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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