

L11000145788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

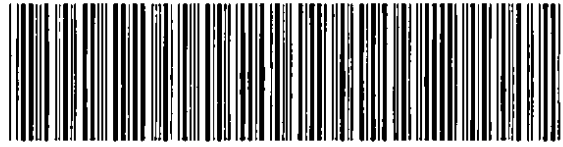
(Business Entity Name)

(Document Number)

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03/31/22--01001--008 \*\*60.00

2022 MAR 30 12:19:23

2022 MAR 30 PM 3:51

QWIK COURIER

850-284-4584

PLEASE PROCESS THE FOLLOWING.

PLEASE DO NOT PUT OUR NAME ON COVER LETTER

PLEASE USE NAME ON THE REQUEST.

**PLEASE PUT IN OUR BOX WHEN COMPLETED**

CUSTOMER LW Investment Management USA <sup>LLC</sup>

Miguel Casanova

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LW INVESTMENT MANAGEMENT USA 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:

MIGUEL CASANOVA

\_\_\_\_\_  
Name of Person

LW INVESTMENT MANAGEMENT USA LLC

\_\_\_\_\_  
Firm/Company

1111 BRICKELL AVE STE. 1000

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33131

\_\_\_\_\_  
City/State and Zip Code

mcasanova@lwimusa.com

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

For further information concerning this matter, please call:

MIGUEL CASANOVA

305 206-4080  
at ( )

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

and assigned

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**This amendment is submitted to amend the following:**

PRINCIPLE ASSET MANAGEMENT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Principal office address MUST BE A STREET ADDRESS)**

**(Mailing address MAY BE A POST OFFICE BOX)**

Name of New Registered Agent:

New Registered Office Address:

~~Enter Florida street address~~

**, Florida**

Cin.

Zip Code

*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.*

$$Z/A$$

**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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN C. FABREGA	1111 BRCKELL AVE STE 1000	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA. 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAIME R. SOSA	1111 BRCKELL AVE STE 1000	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA. 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR-P	CARLOS A. ZALLES	1111 BRCKELL AVE STE 1000	<input type="checkbox"/> Add
		MIAMI, FLORIDA. 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr-Cco	PHILIP HENRIQUEZ	1111 BRCKELL AVE STE 1000	<input type="checkbox"/> Add
		MIAMI, FLORIDA. 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

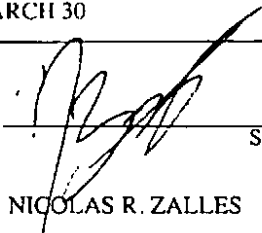
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2022/03/30 14:19:23

E. Effective date, if other than the date of filing: 03/23/2022 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated MARCH 30, 2022



Signature of a member or authorized representative of a member

NICOLAS R. ZALLES

Typed or printed name of signee