

L12000091114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

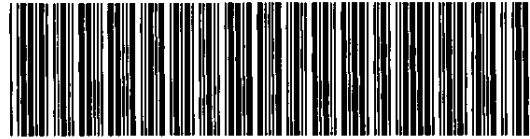
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100291762441

11/01/16--01019--009 **25.00

FILED
16 NOV - 1 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

NOV 2 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HLTW 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:

David Klein, Esquire

Name of Person

Rabideau Law

Firm/Company

400 Royal Palm Way, Suite 404

Address

Palm Beach, FL 33480

City/State and Zip Code

gregmeyer7@gmail.com

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

For further information concerning this matter, please call:

David Klein, Esquire

212 444-8784
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
16 NOV -1 PM 1:53
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ILTW 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 July 12, 2012 and assigned
Florida document number L12000091114.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

235 Sunrise Avenue, #2262

(Principal office address MUST BE A STREET ADDRESS)

Palm Beach, FL 33480

Enter new mailing address, if applicable:

235 Sunrise Avenue, #2262

(Mailing address MAY BE A POST OFFICE BOX)

Palm Beach, FL 33480

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

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

FILED
16 NOV -1 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
Member	Automated Retail Holdings LLC	235 Sunrise Avenue, #2262	<input checked="" type="checkbox"/> Add
		Palm Beach, FL 33480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Tribeca Capital LLC	455 Australian Avenue, #4H	<input checked="" type="checkbox"/> Add
		Palm Beach, FL 33480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Jason Tanzer	235 Sunrise Avenue, #2262	<input type="checkbox"/> Add
		Palm Beach, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Greg Meyer	7455 Australian Avenue, #4-H	<input type="checkbox"/> Add
		Palm Beach, FL 33480	<input checked="" 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

FILED
16 NOV - PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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 October 28, 2016

Sign

Signature of a member or authorized representative of a member

Jason Tanzer

Typed or printed name of signee

on the eastern of:

FILED
NOV - 1 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA