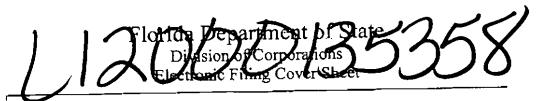
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMMINGS & LOCKWOOD, LLC

Account Number : 102336001100 Phone : (239) 649-3101

: (239)430-3344 Fax Number

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

clasp@cl-law.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PWSPW, LLC

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Corporate Filing Menu

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

PWSPW, LLC	<u> </u>	
(Name of the Limited Liability Com (A Florida Limite	nany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparition for the Liability Comparitio	ny were filed on October 23, 2012	and assigned
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited li	ability company here:	10 18
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" o	The proreviation "Int.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		製る一
(Trincipus office martis 12007 DD 1201100		52.6
Enter new mailing address, if applicable:		01 01
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:	office address on our records, ere:	enter the name of the no
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>at:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties, and as provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
Tr C	bunging Registered Agent, Signature of	New Registered Agent

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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>	Address	Type of Action
MGR	Denise J. Lewis	c/o Cummings & Lockwood LLC	■ Add
		8000 Health Center Blvd., Ste. 300	□ Remove
		Bonita Springs, FL 34135	Change
MGR	Polly Wachtenheim	c/o Cummings & Lockwood LLC	
		8000 Health Center Blvd., Ste. 300	■ Remove
		Bonita Springs, FL 34135	CHARGE
			Add Add
			D Remove
			Change
			Remove
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Effective date, if other t	han the date of filing:		(or	otional)
If an effective cate is listed, the Note: If the date inserted	e date must be specific and car in this block does not mee	nnot be prior to date of hi t the applicable statuto	mir iii muure man 70 ga 13 a.	this date will not be listed
document's effective date	on the Department of State	e's records.		
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ne record specifies a The 90th day after	delayed effective date	e, but not an effec	ctive time, at 12:0.	1 a.m. on the earlier
Dated August 3		2018		
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41 44 73	ajsa, Authorized Represent	tative		

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