## L13000035321

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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2/12/21

## **COVER LETTER**

TO:

Tallahassee, FL 32314

rO: Registration S Division of Co			
SUBJECT: <u>FWC MG</u>			
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspondence	ondence concerning this matter t	to the following:	
	PAUL LABINER		
		Name of Person	
	LAW OFFICE OF PAUL I	_ABINER Firm/Company	
	5499 NO FEDERAL HWY	Address	
	BOCA RATON, FLORIDA	۸ 33487	
		City/State and Zip Code	
	PAUL@PLABINERESQ.C E-mail address: (t	OM o be used for future annual report noti	fication)
or further information of	concerning this matter, please ca	II:	
AUL LABINER, ESQ		at ( <u>561</u> ) <u>998-2362</u>	
Name c	of Person	Area Code Daytim	e Telephone Number
closed is a check for t	he 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 Addre		Street Address:	
Registration		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

(Name of the Lin	ited Liability Compa (A Florida Limited)	iny as it now appears on or Liability Company)	ur records.)	
The Articles of Organization for this Limited	Liability Company	were filed on3	1/2013	and assigned
Florida document number 1.13000035321	<del></del> ^			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
			<del></del>	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	18380 Long Lake Driv	ve	
(Principal office address MUST BE A STRE	ET ADDRESS)	Boca Raton, Florida		2021
		33496		··
				1 7
Enter new mailing address, if applicable:		18380 Long Lake Driv	ve	
(Mailing address MAY BE A POST OFFICE BOX)		Boca Raton, Florida		
		33496		<u></u>
3. If amending the registered agent and/or gent and/or the new registered office addr		address on our record	s, <u>enter the nan</u>	ne of the new registe
Name of New Registered Agent:	PAUL LABIN	ER, ESQ.		
New Registered Office Address:	5499 NO. FED	ERAL HWY., SUITE K  Enter Florida stre	eet address	
	BOCA RATO	.1	, Florida <u>33</u>	1402

EWC MGT ILLLC

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and apt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability vany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOHN AND ANDREA DYNASTY	18380 Long Lake Drive	■Add
		Boca Raton, Florida 33496	[]Remove
			□Change
			□Add
			□Remove
			[]Change
			El Remove
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	han the date of filing e date must be specific and		to date of filing o	or more than 90 day	( <b>optional)</b> es after filing ) Pu	repart to 605 020
e: If the date inserted	in this block does not m	ect the applic	able statutory f	iling requiremen	ts, this date wil	I not be listed a
ument's effective date	on the Department of S	tate's records.				
cord specifies a delayed s filed.	l effective date, but not	an effective ti	me, at 12:01 a.	m, on the earlier	of: (b) The 90	Ith day after the
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	/ h/		11			
	/ /# AN / I / WY X /					
	Signature of a n	nember or author	orized representa	tive of a member		
<del></del>	Signature of a n	nember or author	orized representa	tive of a member		