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(Requestor's Name) (Address) (Address)	100276072321
(City/State/Zip/Phone #)	08/17/1501038012 **30.00
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TO: Registratio Division of	on Section Corporations			
	DVERTISING AGENCY LLC			
SUBJECT:	UBJECT:Name of Limited Liability Company			
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing		
	respondence concerning this matter	-		
	JOSE R. TRINIDAD			
		Name of Person		
	CW ADVERTISIN AGEN	ICY LLC		
	.	Firm/Company		
	10263 BEACH BLVD SU	ITE C		
		Address		
	JACKSONVILLE FL 322	46		
		City/State and Zip Code		
	cwudusa@gmail.com			
For further informati	E-mail address: (ion concerning this matter, please c	to be used for future annual report no all:	ufication)	
JOSE R. TRINIDAI		904 235-2737		
Na	me of Person	at () Area Code Daytir	nc Telephone Number	
Enclosed is a check	for the following amount:			
\$25.00 Filing Fe	e 🛱 \$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)	
Re Di P.(AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CW ADVERTISING AGENCY 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 $\frac{03-18-2013}{13000040476}$ and assigned Florida document number $\frac{L13000040476}{1000040476}$

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 "LLC."

Enter new principal offices address, if applicable:	10263 BEACH BLVD			
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE FL 32246	بې يې مخې		
			5	
			-ue	* ~ ~ ~ ,
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	10263 BEACK BLVD	SS	17	مە ئە چە بويلېرىدى ب
	JACKSONVILLE FL 32246	<u> </u>	PH	
		ST/	N N	Vesent
			ėj	

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 ad	ldress
		, Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
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			🗆 Add
			Change
			Add
			Change
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			Change
			Add
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D. If amending any other information, enter change(s) here: (Al	Ittach additional sheets, if necessary.)
-----------------------------------------------------------------	------------------------------------------

I WILL LIKE TO AMEND MY BUSINESS AND MAILING ADDRES TO MY NEW OFFICE AT:

10263 BEACH BLVD SUITE C JACKSONVILLE FL 32246	
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	ा स्ट्रांस अन्द्रेश के प्राप्ता (C)
	9 4 - ~
08-13-2015	

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.

AUGUST 13	, 2015	
here a	11/	
- Jos - S	ignature of a member or authorized representative of a member	
JOSE R. TRINIDAD		

Typed or printed name of signee