## L130000000860

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2013 SEP -3 PN 4: 10

SEP - 4 2013 J. BRYAN

## **COVER LETTER**

TO: Registration Section
Division of Corporations

CWES XV, 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:

Douglas J Weiland

Name of Person

CWES IV, LLC

Firm/Company

3273 Landmark Drive

Address

Clearwater, FL 33761

City/State and Zip Code

DWeiland@JESProperties.com

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

For further information concerning this matter, please call:

Douglas J Weiland

727<sub>7</sub>787-6330

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

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

CWES XV, 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 Florida document number <u>L13000060860</u> .	were filed on 04/25/2013	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC"	or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	ALC CALLS	H F F	
(Mailing address MAY BE A POST OFFICE BOX)	History of the second	-p 1111	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		name of the new	
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	Enter Florida street address		
<u></u>	, Florida		
	City	Cip Code	
New Registered Agent's Signature if changing Degistered 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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		ype of Action
MGRM,	Devine Willow:	17936 Cachet Isle Drive	Add
	Berra, Lec	Tampa, FL 33647	Remove
			-
			Add
			Remove
			Remove
		<u></u>	Add
		11/68	Remove
			Died.
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•
•
Dated August 22, 2013
Signature of a member of authorized representative of a member
Douglas J Weiland
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00

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