# 1300060860

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## **COVER LETTER**

TO:	Registration So Division of Cor					
eun i	CWES XV	LLC				
SUBJECT: Name of Limited Liability Company						
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Douglas Weiland				
		CWES XV LLC	Name of Person			
		334 East Lake Road #172	Firm/Company			
		Palm Harbor, FL 34685	Address			
		admin@jesproperties.com	City/State and Zip Code			
		E-mail address: (1	to be used for future annual report notific	ration)		
For fu	rther information c	oncerning this matter, please ca	ill:			
Doug	Weiland		727 409-2888			
•	Name o	f Person	Area Code Daytime	Telephone Number		
Enclos	sed is a check for th	ne following amount:				
<b>■</b> \$2	5.00 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:

TO:

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 Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1,13000060860	were filed on April 25th, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST_BE A STREET ADDRESS)		N 12
		5, 5
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	fice address on our records, <u>ent</u> <u>e</u> :	er the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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, 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>	Type of Action
MBR	Devine Willow Bend, LLC	17936 Cachet Isle Drive Tampa, FL 33647	
			O ANG
			■ Remove
			Change
MBR	CWES IV LLC	334 East Lake Road #172 Palm Harbor, FL 34685	<b>■</b> Add
			= 700
			Change
			Change
			Û Add—
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ective date, if other the effective date is listed, the degree of the date inserted in ument's effective date or	late must be specific a this block does not	nd cannot be pri t meet the appl	or to date of filin licable statutor;	g'or more than 90			
record specifies a de he 90th day after th	elayed effective se record is filed	date, but r d.	not an effect	ive time, at :	12:01 a.m. c ~	n the ea	arlier
ed November 20th		2018	<u> </u>	///			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00