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2016 SEP 26 P 6: 16

D. BRUCE SEP 28 2016

COVER LETTER

Division of Corp	porations			
SUBJECT:	MW Reatty Name of Limit	Services, 22 ed Liability Company	<u>c</u>	
	Amendment and fee(s) are subm	_		
Please return all correspon	ndence concerning this matter to	o the following:		
	Jason M	1. Williamson Name of Person		
		Name of Person		
,	IMW Real	Services, LL Firm/Company	_C	
·		Firm/Company		
	11849 US	HWY 415		
		Address		
	Gibsonton	FL 3353	4	
•				
	I WILL TO	mwFL.com be used for future annual report notific	··	
	E-mail address: (to	be used for future annual report notific	cation)	
For further information co	oncerning this matter, please cal	il:		
Jason M	: Williamson	at (8/3) 3/3 - Area Code Daytime	-8517 E	~3
Name of	`Person	Area Code Daytime	Telephone Number.	5
			SES	2 1
Enclosed is a check for th				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sertificate of Certified Cop	Status &
		- ·	(additional copy	is enclosed)

★ MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

IMW Realty (Name of the Limited L	Service. jability Company	s LC v as it now appears of	n our records.)	,
The Articles of Organization for this Limited Liabil		vere filed on9	100/3013	and assigned
riorida document number	 .			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabili	ity company here	:	
The new name must be distinguishable and contain the words	"Limited Liability	y Company," the desig	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	:	11849	US HWY	41 S. 13534
<u>(Principal office address MUST BE A STREET A</u>	DDRESS)	Gibsont	fon, FL 3	3534
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office	registered offi	ce address on o	US Huy	the name of the new
Name of New Registered Agent:	Jason	n M. W):11; ams	5 5
New Registered Office Address:	1184	9 US H	Wz 41	5
_	Gibs	Enter Florida City) / / / a wrs. street address , Florida	33534 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

or removed from our records.

MGR = Manager AMBR = Authorized Member **Type of Action Title** Name **Address** JASON M. W. Mianson 11849 Hay 413. Gibsonton, WAdd MGR ☐ Remove ☐ Change Justin W. Savich 11849 Hwy 413. Gibenton Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove ợ. Change □ Add ☐ Remove

Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or lote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	more than 90 days after filir	ng.) Pursu	
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m	ı. on th	e earlier (
ated September 20, 2016.			
			
Signature of a member or authorized representative	e of a member		

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