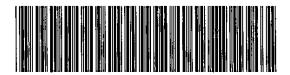
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J. HARRIS

# **COVER LETTER**

Division of Corporations
SUBJECT: DWD ROKIDA ROPETTES 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:
Recyses A. Muroca
Name of Person
MUNDOUA, WARTES & NEVMAN PUC
rimicompany
14 S.E. 4th STRUET, SUITE 36
Address
BOCA RATION FORMA 35432  City/State and Zip Code  RWROOTH @ MWN WZAC. COM
City/State and Zip Code  RWROOLH CO. MUNITAG. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richson A Murpour at (Sb1) 347-2700
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \$60.00 Filin

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

DWO to	aps Pli	YENTE	5 UC	
(Name of the Limite	d Liability Company a A Florida Limited Liabi	s it now appears	s on our records.)	<del></del>
The Articles of Organization for this Limited Lia Florida document number	bility Company we	re filed on	12/6/2013	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability	company he	re:	
The new name must be distinguishable and contain the wo	rds "Limited Liability (	Company," the de	esignation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applica	ble: _	201	SOUTH NARCIS	isus Auf
(Principal office address MUST BE A STREET	ADDRESS)	# 150	2	- C/
		WEST 1	FRUM BEACH	<u>(42. 5</u> 5401
Enter new mailing address, if applicable:	_	<u>-</u>		17 FE B
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u> _	<del>.</del>		<u> </u>
	_		· · ·	<b>3</b> 200
B. If amending the registered agent and/or registered agent and/or the new registered off		address on	our records, enter the	names of the new
Name of New Registered Agent:	Richard	4. My	ROXH	
New Registered Office Address:	14 5.6	4 5	perst, suite 31	BOCA RATION
	ADRIDA	Enter Flori	ida street address Florida 334	52
	The state of the s	City	, * ********	o 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 Title Name **Address** Type of Action WILLIAM A. FOTIND 201 SOUTH NARCISSUS AUF Add 41502 Mbr 201 SN H NARCISSUS AVEG Add ☐ Remove □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove **€**S □ R<del>on</del>nove ☐ Change

11-amending any other information	, enter change(s) here: (Attach additional sheets, if necess	ary.)
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	specific and cannot be prior to date of filing or more than 90 days after fili does not meet the applicable statutory filing requirements, this da	
the record specifies a delayed eff ) The 90th day after the record	fective date, but not an effective time, at 12:01 a.n is filed.	n. on the earlier of:
Dated FSRMM W	7017	
		7 T
Sign	nature of a member or authorized representative of a member	
	Richard A. Murdoch	<b>3</b> - ORR
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00