## 114000137598

(Re	equestor's Name)	<u>-</u>
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DATE:

8/16/17

NAME: FRUIVER GROUP LLC

TYPE OF FILING: AMENDMENT

COST:

55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

## FRUIVER GROUP LLC

(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>d.,</u> )
--	--------------

	(A FIORIGA LIM	nited Lishility Company)	
The Articles of Organization for this Limited Florida document number L14000137598	Liability Comp	pany were filed on 09/03/2014	and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the fimited	liability company here:	
CWT GROUP LLC		· <del></del>	
The new name must be distinguishable and contain the	words "Limited [	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if app.		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	5)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent an registered agent and/or the new registered	d/or registern	N/A  I office address on our records, ententententententententententententente	er the name of the new
Name of New Registered Agent:	N/A		一点重工
New Registered Office Address:	N/A		
		Enter Florida street addruss	
		, Florida _	
New Registered Agent's Signature, if changing	Registered Ann	•	Zip Cinle
		<u></u>	

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 = N AMBR = A	lanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			Ad3
			Remove
			Change
			O Add
			CI Remove
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			Remove 7
			Change SS
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ective date, if other than the date of filing:	(optional)	<del></del>
effective date is listed, the date must be specific and cannot be prior to date of filing or n  : If the date inserted in this block does not meet the applicable statutory filir ument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective	ng requirements, this date wiff not be lis	rêd as
he 90th day after the record is filed.	annoy of 12.01 ann. of the carr	161 0
ed August 16 2017		
Kaking Milie		
Signature of a member or authorized representative	e of a member	

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