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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FW INVESTMENT'S 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:
Mame of Person
Accounting Advantage Firm/Company
925 Smilitary Trail, D4
West Palm Beach, 12 3345
E-mail address: (to be used for future annual report potification) City/State and Zip Code, Ci
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ \$\times \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ \$\times \text{S60.00 Filing Fee, 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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Company)	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed of Florida document number 150001778.	aldone
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
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 applicable:	Pic. 2
(Principal office address MUST BE A STREET ADDRESS)	
	2-11
Enter new mailing address, if applicable:	ing D
(Mailing address MAY BE A POST OFFICE BOX)	2: 2: 2:
	5 元 37
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	r Florida street address
Enter	r r wruu sireei aaaress
City	, Florida Zin Code
New Registered Agent's Signature, if changing Registered Agent:	ep con

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
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e date, if other than the	ist be specific an	d cannot be prior to	date of filing or m	ore than 90 days	optional)	N.) Pursua	nt to 605.
If the date inserted in this bement's effective date on the I	Department of ed effective	State's records. date, but not					
e 90th day after the red	cord is filed	•					
04/28/2015)	, 2015	. •				
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			zed representative				

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Filing Fee: \$25.00