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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
LWC lle SUBJECT:			
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Louis Ward		
		Name of Person	<del></del> .
	LWC, LLC		
		Firm/Company	
	9232 Herold Hill Rd		
		Address	<del></del>
	Tallahassee, FL 32309		
	-	City/State and Zip Code	
	karenward314@gmail.com		
		to be used for future annual report no	tification)
For further information (	concerning this matter, please c	all:	
Karen Ward		850 228-4165	
Name (	of Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 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 Addre Registration	Section	Street Address: Registration So	
Division of C P.O. Box 633		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LWC, LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	mpany were filed on $\frac{02/05/2015}{1}$	and assigned
Florida document number 1.15000021915	<u>-</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
	-	
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		and the state of t
		WEEL 1-12
		250 4 1204
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records,	enter the name of the new registerer
against the registered office address fiere:		Ens 5
Name of New Registered Agent:		SEE, FL
		<u>, w</u>
New Registered Office Address:	P Fl i	
	Enter Florida street	address
	City	, 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 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>	Address	Type of Action
AMBR	Maurice Dennis	6512 Damon Circle Tallahassee, FL 3230	DY TIXIdd
			□Remove
		<del></del>	□Change
		<u>-                                      </u>	🗆 Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
<del></del>			□Add
		<del></del>	🗆 Remove
			DChange
<del></del> -		<del></del>	□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change

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	e date, if other than the date of filing:
record s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
nted	October 14 2021. Jan Lu
	Signature of a member or authorized representative of a member
	Louis R Ward

. . . .

Filing Fee: \$25.00