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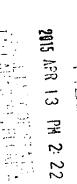
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COVER LETTER.

TO: Registration S Division of Cor	ctioñ porations		,14°
FWGC, I	LC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	BRIAN P. BRITT		
		Name of Person	
	KOPESKY & BRITT	, LLC	
		Firm/Company	
	P.O. Box 1138		
		Address	
	Fairhope, AL 36533		
		City/State and Zip Code	•
	brian@kblawllc.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Miranda Merritt		251 928-9900	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2015

BRIAN P. BRITT KOPESKY & BRITT, LLC PO BOX 1138 FAIRHOPE, AL 36533

SUBJECT: FWGV, LLC

Ref. Number: W15000023149

We have received your document for FWGV, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Amendment was received on 03/16/15.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 215A00006617

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2015 APR 13 PM 2: 22

FWGC, LLC	TOTALIAN G. STATE
(Name of the Limited Liability Co	mpany as it now appears on our records.) 101 1
(A Florida Lim	ted Liability Company)

The Articles of Organization for this Limited Liability	Company were filed onARC	h_9, 2015 and assigned
Florida document number L15000042660	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
FWGV, LLC		
The new name must be distinguishable and end with the words "I	imited Liability Company," the designal	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		unge.
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		Access and the second of the s
(Mailing address MAY BE A POST OFFICE BOX)	·	
		1-10-1-10-1-10-1-1-1-1-1-1-1-1-1-1-1-1-
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida Zip Code
	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			☐ Remove
			
			Add
			□ Remove
			Add
			□ Remove
			Remove
		-	
			_ Remove

<u> </u>
illing: April 20, 2015 (optional)
to date of receipt or filed date and cannot be more than 90 days after truent of State)
to date of receipt of thed date and cannot be more than 90 days after
tment of State)

Page 3 of 3

Filing Fee: \$25.00