## 115000082171

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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## **COVER LETTER**

Division of Cor	porations				
LRW ENT SUBJECT:	ERPRISES LLC				
	Name of Lin	nited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	LANCE WEINBERG				
		Name of Person			
	LRW ENTERPRISES LLO				
		Firm/Company			
	P.O. BOX 32784		يم. موجو	2918 BEE	a
		Address		DEC	مد مد ر
	PALM BEACH GARDEN		~		17
		City/State and Zip Code		· 7	フ
	HOWARDWEINBERG7@	GMAIL.COM		ب ، · س	
	E-mail address: (	to be used for future annual report notif	fication)	્રં, હો	
For further information co	oncerning this matter, please ca	all:			
LANCE WEINBERG		at(i+69) 4+4/	-1959		
Name of	Person		Telephone Number		
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

TO:

**Registration Section** 

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

LRW ENTERPORISES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 5 2015 \_\_\_\_ and assigned Florida document number L15000082171 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida

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
MGR	HOWARD WEINBERG	10117 CECILE DRIVE FRISCO	
		TX 75035	
			■ Remove
			Change
MGR	LANCE WEINBERG	1339 S Killian Dr UNIT#7 L-AKC PACK PL 33403	
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IANCE WEINBERG IS BEING CHANGED TO THE MANAGER AND HOWARD REMOVED		
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ffective date, if other than the date of filing:	_ (optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 dote: If the date inserted in this block does not meet the applicable statutory filing requirements.	lays after filing.) Pursuant to 605.0	0207 ( d.as.ti
ocument's effective date on the Department of State's records.	me, and date will not be listed	Jasu
e record specifies a delayed effective date, but not an effective time, at 1. The 90th day after the record is filed.	2:01 a.m. on the earlier	r of:
ated $\frac{12/8}{}$ , $\frac{2018}{}$ .		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	- <del></del>	
) / .		

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Filing Fee: \$25.00