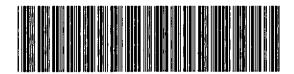


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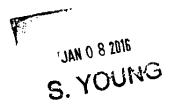
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TALLARYSE TO STATE



COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJEC	MWKW, L	LC				
SUBJEC	-1·	Name of Lim	ited Liability Company			
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspon	ndence concerning this matter	to the following:			
		JIM L. HOSKINS, CPA				
			Name of Person			
JIM L. HOSKINS, CPA, P.A.						
Firm/Company						
	2560 RCA BOULEVARD, SUITE 108					
Address						
PALM BEACH GARDENS, FL 33410			•			
			City/State and Zip Code		32 t	(
		HOSKINSCPA@AOL.CO		·····		C
		E-mail address: (to be used for future annual report notifi	cation)		-
For furth	er information co	oncerning this matter, please c	all:		受用 元	
JIM L. I	HOSKINS, CPA		561 627-1388		1	
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	l 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 Co	of Status &	
	MAILI	NG ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MWKW, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now app Liability Company	ears on our records.)	
The Articles of Organization for this Limited L Florida document number L16000000858 This amendment is submitted to amend the foll	·	were filed on _	DECEMBER 30, 2015	and assigned
A. If amending name, enter the new name o		oility company	here:	
N/A The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," th	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic		N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A		AN -7 PD
B. If amending the registered agent and registered agent and/or the new registered o			on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:				
New Registered Office Address:	N/A			
		Enter F	lorida street address	
			, 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 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>	Address	Type of Action
MGR	KARL H. WATSON	7620 S. FLAGLER DRIVE	
		WEST PALM BEACH, FL 33405	□ Remove
			Change
			□ Add
			Remove
	·	·	Change
			- Add
			Change
			□ Add
			Remove
		 	Change
	· · · · · · · · · · · · · · · · · · ·		Add
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·			Add
		<u> </u>	□ Remove
			☐ Change

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Typed or printed name of signee

Filing Fee: \$25.00