1/6000011382

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(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

16 MAY -6 PM 4: 1

K. SALY EXAMINER MAY - 9

COVER LETTER

Name of Limited Liability Company 27 39 44 40

TO: Registration Section
Division of Corporations

Th	ne enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Ple	ease return all correspond	ence concerning this matter	to the following:	
		Timothy 3	J. Conner	
			Name of Person	
		Conner Bo	osch Law, P.A.	
			Firm/Company	
		4488 N. (Oceanshore Blvd.	
			Address	
		Palm Coas	st, FL 32137	
			City/State and Zip Code	
			dcblpa.com	:
		E-man address: (to be used for future annual report notif	ication)
Fo	or further information con-	cerning this matter, please ca	all:	
	Timothy J. Conn	er	at (386) 445 -9 3	322
	Name of P	erson	Area Code Daytime	Telephone Number
Er	nclosed is a check for 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 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 TO ARTICLES OF ORGANIZATION OF

2016 MAY -6 PM 4: 10

TALLAHASSEE FLORIDA

GARWOOD CAPTIAL, 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 January 15, 2016 and assigned
Florida document number L16000011382
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
GARWOOD CAPITAL, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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:
registered agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address: Enter Florida street address
Name of New Registered Agent: New Registered Office Address:
Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 = A	Authorized Member			
<u>Title</u>	Name // //	Address	Type of Action	
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	SHAMMON K. WUUDS		Remove	
			Change	
MGR	2-2/2			
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(If an effe Note:	ive date, if of fective date is li- If the date in nent's effectiv	sted, the date i serted in this	nust be specifi block does i	c and cann not meet t	the applica	to date of fil able statuto	ing or more tory filing re	han 90 days :	ptional after filing this date	g.) Pursuant	to 605.0207 (be listed as t
the rec) The	cord specifi 90th day a	es a delay after the r	red effectiv ecord is fil	ve date, led.	, but no	an effe	ctive time	e, at 12:0)1 a.m.	on the	earlier of:
Dated .		APRIL	ha	$-\mathcal{L}$	016	2					
		<u> </u>	Signature	of a memb	per or autho	rized repres	entative of a	member			
			Signature WALL K			rized repres	cittaene of a				

Page 3 of 3

Filing Fee: \$25.00