LIWOONA435

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FEB 29 2015 BRUCK

· COVERED TERM	
TO: Registration Section Division of Corporations	
SUBJECT: C + W SUUL WINGE + Things LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Nathaniel WRIGH Jn. Name of Person	
Ctw Soul wings + things LL	(
8450 PERRYMan lane Month	
Sax Flg 32221	
City/State and Zip Code Nature I (Little H) - Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Nathaniel WRIGHT IN. at (904) 234 5165 = Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{(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

C+W Soul +	wineste				
(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) 91109 km 28, 201 and assigned				
The Articles of Organization for this Limited Liability Company were filed on <u>January</u> 28,201 and assigned Florida document number <u>L1606019435</u>					
Tronda document maniber					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
c tw soul la	nnes + Thinee 1.20				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."				
Enton now pulmainal affices address if applicables	1501 lane Ave S				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	SalfsonullE Fl.US				
	32210				
Enter new mailing address, if applicable:	1501 Jane AUE Sould				
	SackSunville Fl. US				
(Mailing address MAY BE A POST OFFICE BOX)	30310				
	50010				
The state of the s					
B. If amending the registered agent and/or registered off					
registered agent and/or the new registered office address here					
Name of New Registered Agent:					
New Registered Office Address:	T_{A} .				
New Registered Office Address.	Enter Florida street address				
·					
	, Florida & Tool				
W	City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	₹ > M				
I hereby accept the appointment as registered agent and agre					
provisions of all statutes relative to the proper and complete					
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.					
company has occurated in mining of this charge.					
7 *** *** <u>****************************</u>					

If Changing Registered Agent, Signature of New Registered Agent

or removed fro	om our records:		
MGR = Man: AMBR = Auth	ager Porized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	ShalunDRA-Caldwell	1 1501 LODE AVE SUC	1/2 D Add
		Jackschulle FI US	Remove
		32210	☐ Change
			Add
		- 10	Remove -
		DNVILLE	Change
	· · · · · · · · · · · · · · · · · · ·	·6	
distribution of	- -		□ Remove
			Change
			Remove
		ASSET.	Change
		100 mm m	Add
		<u> </u>	□ Remove
			Change
			
			☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

_ Change

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•	, ,	
	72 22 18 CT	
	AHASSO 25	
Note:	tive date, if other than the date of filing: (optional) (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.	
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier ϵ 90th day after the record is filed.	of:
Dated	$\frac{3-1}{100000000000000000000000000000000000$	
	Signature of a member of authorized representative of a member	
	Nathaniel WRIGHT 51.	

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Filing Fee: \$25.00