

L16000019442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

CWB Holdings

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:

Michael Braga

Name of Person

CWB Holdings

Firm/Company

1002 Pine Lake Circle

Address

Palm Beach Gardens FL 33418

City/State and Zip Code

Michaelbraga@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Braga

Name of Person

at (561)

Area Code

801-5102

Daytime Telephone Number

Enclosed 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

FILED
2016 SEP 16 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CWB Holdings

(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 1-28-2016 and assigned Florida document number L16000019442.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1002 Pine Lake Circle
Palm Beach Gardens
FL 33418

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:

Michael Braga

New Registered Office Address:

1002 Pine Lake Circle

Enter Florida street address

Palm Beach Gardens, Florida 33418

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sally Gates	2011 20th Lane	<input type="checkbox"/> Add
		Palm Beach Gardens	<input checked="" type="checkbox"/> Remove
		FL 33418	<input type="checkbox"/> Change
AMBR	Loretta Dionne	810 Lake Shore Dr.	<input type="checkbox"/> Add
		Lake Park	<input checked="" type="checkbox"/> Remove
		FL 33403	<input type="checkbox"/> Change
AMBR	Gina Hall	11612 163rd place	<input checked="" type="checkbox"/> Add
		North Jupiter	<input type="checkbox"/> Remove
		FL 33478	<input type="checkbox"/> Change
AMBR	Michael Bragg	1002 Pine Lake Cir	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens	<input type="checkbox"/> Remove
		FL 33418	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 SEP 16 11:12 AM
TALLAHASSEE, FL
SECRETARY OF STATE


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2016 SEP 1
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GALLATIN, MONT. FLORIDA

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2016 SEP 16 PM 12:01
U.S. DEPT. OF JUSTICE
FALLAHOUSE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 26th, 2016.


Signature of a member or authorized representative of a member

Sally A. Gale
Typed or printed name of signee