116000113366

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M. MILLIGAN
JUN 27 2017

COVER LETTER

Divis	ion of Corp	orations			
T SUBJECT:	TRW Real E	state Group LLC			
Name of Limited Liability Company					
The enclosed a	Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return a	ill correspon	dence concerning this matter t	to the following:		
		Scott Wagoner			
Name of Person					
TRW Real Estate Group LLC					
Firm/Company					
234 Main Road					
	Address Lake Mary, FL 32746				
			City/State and Zip Code		
		admin@scotttherealtor.com			
		E-mail address: (t	o be used for future annual report notifi	cation)	
For further inf	ormation co	ncerning this matter, please ca	dl:		
Scott Wagone			407 588.7355 at ()		
	Name of	Person	Area Code Daytime	Telephone Number .	
Enclosed is a c	theck for the	following amount:			
■ \$25.00 Fil	ing 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:

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

TRW Real Estate Group 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 $\frac{6.10.2016}{10.2016}$	and assigned
Florida document number L16000113366 ¹		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
·		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		records, enter the name of the new
		
Name of New Registered Agent:		•
•		
New Registered Office Address:	Enter Florida stre	vet address
ć.		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen- provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my di agent as provided for in Chapte red office address, I hereby con	ities, and I am familiar with and er 605, F.S. Or, if this document is

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	Johnny B. Buczynski	16646 Scheer Boulevard	
		Hudson, FL 34667	• Remove
			Change
			☐ Remove
			Change
	·		Add
			□ Remove
			Change
			□ Add
		 	Remove
			Add
			☐ Remove
		 .	☐ Change
			Add
			□ Remove
			☐ Change

	· 			and and	
f amending any other info	ormation, enter cha	nge(s) here: (Attach a	dditional sheets. i	f necessary.)	
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		6.14.2017		•	
ffective date, if other that an effective date is listed, the date is serted in to cument's effective date on	n the date of filing: te must be specific and ca his block does not me	annot be prior to date of filir et the applicable statutor	ng or more than 90 day		
e record specifies a del The 90th day after the		te, but not an effect	tive time, at 12:	:01 a.m. ön t	the earlier o
June 14		2017			
		-		<u></u>	914
	Signature of a me	ember or authorized represe	ntative of a member		<u> </u>
Scott Wagoner				JUN 22	100 S
, · · · · · · · · · · · · · · · · · · ·	T	yped or printed name of sig	mee	3	3
		Page 3 of 3		2. 2. 2.	SATIONS

Filing Fee: \$25.00