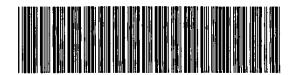
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  New A proper title of  MS 1 Mbr.  Why and msa. 12/14.



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M. MILLIGAN DEC 1 6 2016

## **COVER LETTER**

Division of Corporations
SUBJECT: DWR Services 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:
David William Rainey Name of Person  Services, UC Firm/Company
14 Black Oak Ct
Palm Cocst, FL, 32137 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Rainey at 386 864-1231  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed)  \$25.00 Filing Fee Certificate of Status Scriffied Copy (additional copy is enclosed)  \$25.00 Filing Fee 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

# TO ARTICLES OF ORGANIZATION OF

DWR S	ervices, L	LC	AND STATE OF THE S
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	
The Articles of Organization for this Limited I	• •	d on 7-28-16	and assigned
This amendment is submitted to amend the fol	lowing:		o o
A. If amending name, enter the new name of	of the limited liability com	pany here:	5-14z
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and		ress on our records, <u>en</u>	nter the name of the new
registered agent and/or the new registered of	ffice address here:		
Name of New Registered Agent:	David W	Silliam Ro	aney
New Registered Office Address:		Enter Florida street address	
		. Florida	<b>D</b>
	City	, ridi ida	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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
Mr	David	Rainey	14 Black Oull Co. Palm Coast FL 32137	_d Add
		J		Remove
				Change
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f an el <b>Note:</b>	tive date, if other than the date of filing: (optional)  ffective 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 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ie re	ment's effective date on the Department of State's records.  cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
ie re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.  Signature of a member or authorized representative of a member
ne re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00