116000167307

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COVER LETTER

TO: Registration Sec Division of Corp			
LMW Holdin	ngs LLc		
SUBJECT:	Name of Limited Liability Company		
	amendment and fee(s) are submitted for filing. dence concerning this matter to the following:		
	Wendi Borders		
	Name of Person		
	LMW Holdings LLC		
	Firm/Company		
	14008 Arbor Knoll Circle		Final Control
	Address	6 	
	Tampa, FL 33625	DEC -9	
	City/State and Zip Code	יט יי	
	wendi.borders7@gmail.com E-mail address: (to be used for future annual report notification)	PH 12:	
For further information con	ncerning this matter, please call:	2: 25	
Wendi Borders	813 215-9731 at ()		
Name of	Person Area Code Daytime Telephone Number		
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed) Certified Co (additional copy is enclosed)	of Status &	

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

LMW Holdings LLC.	•	
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number L16000167307	npany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		with
<u> Principal office address MUST BE A STREET ADDRES</u>	<u> </u>	3 20
		- 무두일
		7 53
Enter new mailing address, if applicable:		ري د
(Mailing address MAY BE A POST OFFICE BOX)		P N
2011 001 011100 BONY		7.5
		25
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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>	Address	Type of Action
MBR	Wendi Borders	14008 Arbor Knoll Cir Tampa FL ?	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to do tote: If the date inserted in this block does not meet the applicable occument's effective date on the Department of State's records.	(optional) late of filing or more than 90 days after filing.) Pursuant to 605.020 estatutory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier o
December 6th 2016	
Signature of a member or authorize	ed representative of a member
Wendi Borders	
Typed or printed n	omo of signer

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Filing Fee: \$25.00