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D. SCOTT NOV 2 2 2016

### **COVER LETTER**

TO: · Registration Se Division of Cor		, s	
SUBJECT:	ELLS WOV	3TH L.L.C	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Gregory	DradFord EUC Name of Person	Sworth Heine
	<i>EL</i>	Firm Company	
	11144	137th Str.	Apt #31113
	Lago,	FL 33744 City/State and Zip Code	SECRET!
	E-mail address	to suse for future annual report note	fication)
For further information co	oncerning this matter, please co	all:	PA T: 07
Name o	erson	at ( <del>III )                                </del>	Telephone Number
Enclosed is a check for the	ne 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

FLLSWCBTH LL.C

( <u>Name of the Limited L</u> (A F	iability Company a Torida Limited Liabi	s it now appears on lity Company)	our records.)		
The Articles of Organization for this Limited Liabil		re filed on <u>Abu</u>	ember 3,10	<u>16</u> and assig	ned
Florida document number <u>L/600202</u> Ş	<u>180</u> .				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liability	company here:			
					<del></del>
The new name must be distinguishable and contain the words	"Limited Liability C	Company," the design	ation "LLC" or the a	ibbreviation "L.L.	C."
Enter new principal offices address, if applicable	:: <u>-</u>				
(Principal office address MUST BE A STREET A	<u>DDRESS)</u>				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office	address on ou	r records, <u>enter</u>	SECRETARIAN OF STATE THE TOTAL THE T	the new
Name of New Registered Agent:  New Registered Office Address:	699	magary	E. He Ned Un.	rine +	
Now Produced Associated St. 10 de 10	Laga	Enter Florida s City	treet uddress , Florida	3374 Zip Code	<u>/</u>

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
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fective date, if other th	han the date of filings			(opti	onal)
n effective date is listed, the	date must be specific and c	annot be prior to da		e than 90 days after	filing.) Pursuant to 605.0
	in this block does not me on the Department of Sta		statutory filing i	requirements, thi	s date will not be listed
record specifies a d	delayed effective da	te, but not ar	effective tin	ne, at 12:01 a	a.m. on the earlier
The 90th day after t	ne recora is filea.				
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Filing Fee: \$25.00