L17000010876

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J. HARRIS

COVER LETTER

	ration Secton of Corpo				
	rwood Inw	rood LLC			
SUBJECT:		Name of Limit	ed Liability Company	, , , , , , , , , , , , , , , , , , , ,	
The enclosed Ar	rticles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all	correspond	dence concerning this matter to	the following:		
		Darren Spedale			
			Name of Person	<u></u> 1	
		Derwood WH LLC			<u>.</u>
			Firm/Company		
		1621 Bay Road, Apt 907			
			Address		
		Miami Beach, FL 33139			
			City/State and Zip C		
		drspedale@aol.com E-mail address: (to	•		5 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For further infor	mation cor	cerning this matter, please call		inuai report nonneai	ion)
Darren Spedale	a di di Arista di	a menue	917 at (450-9174	চে ঐত্যাপ
· , .	Name of I	Person Person	Area Code	Daytime Te	lephone Number
•				,	
		following amount:			
\$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	y	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
				, •	
e e e	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations	Reg Divi Clift	REET/COURIER istration Section ision of Corporation ton Building	ons
	Tallahass	see, FL 32314 - 200 - 20		l'Executive Cente ahassee, FL 32301	

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

Derwood Inwood LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on January 13, 2017	and assigned
Florida document number L17000010876		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
Derwood WH LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	350 Avenue C, NE	
Principal office address MUST BE A STREET ADDRESS)	Apt 1	
	Winter Haven, FL 33881	
Enter new mailing address, if applicable:	350 Avenue C, NE	
Mailing address MAY BE A POST OFFICE BOX)	Apt 1	P TE
	Winter Haven, FL 33881	***
		<u>ਯ</u> ੂ ੂ
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		er the name of the n
New Registered Office Address:	Enter Florida street address	
	Florida	

i nereby 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

GR = Manager MBR = Authoriz	zed Member		
tle <u>Na</u>	<u>me</u>	<u>Address</u>	Type of Action
			Remove
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Filing Fee: \$25.00