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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registrátion Se Division of Cor			
cun mer.	AWD III, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Albert W. Davis, II		
		Name of Person	
		Firm/Company	
	6726 South Lagoon Drive		
		Address	
	Panama City Beach, FL 32	408	
		City/State and Zip Code	
	jualcoastalcottage@gmail.c		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Albert W. Davis, II		850 234-7305 at ()	Telephone Number
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	he 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

AWD III,		
(<u>Name of the Lim</u>	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I lorida document number	y 25, 2017 and assigned	
his amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		ALS:
		Ca.
Enter new mailing address, if applicable:		P
Mailing address MAY BE A POST OFFICE	= BOX)	STY 7
		TO REP
		SS A CO
 If amending the registered agent and registered agent and/or the new registered or 		
Name of New Registered Agent:	Albert W. Davis, II	
New Registered Office Address:	6726 South Lagoon Drive	
Tien hegistered Office Hadress.	Enter Florid	la street address
	Panama City Beach	, Florida 32408
	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.

f 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> <u>Address</u> **Type of Action** □ Add _□ Remove _ Change □ Add ☐ Change □ Add

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ective date, if other the effective date is listed, the	an the date of the factor in the same and th	of filing:	t be prior to da	te of filing or me	ore than 90 days	optional) after filing.)	Pursua	ınt to 60	5.02
te: If the date inserted in cument's effective date or	this block doe	es not meet th	e applicable	statutory filing	requirements	this date v	vill no	t be list	ted :
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record specifies a d The 90th day after th			but not ar	effective t	me, at 12:	01 a.m. c	n the	e earli	ier
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00