## 117000126267

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



900300339729

06/15/17--01012--014 \*\*25.00

FILED

17 JUN 15 MI II: 27

SECRETARY OF STATE
SECR

D. SCOTT JUN 1 9 2017

## **COVER LETTER**

TO:	Registration Sec Division of Corp					
SUBJI	ест:	WL HOLDI Name of Lim	NGS LLC ited Liability Company	d for filing. e following:  TURK  Name of Person  DINGS LUC  Firm/Company  ST AVE.  Address  T., FL. 34711  ty/State and Zip Code  IN @ Yanoo. Com  used for future annual report notification)  at (321)  Area Code  Daytime Telephone Number		
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
		ANDREA	Tuek		_	
		DWL H		? 	···	
			, ,			
		1406 V	Jest Ave.			
			Address		~	
		Clarmi	ONT, FL. 34	711		
		dulauct E-mail address: (t	City/State and Zip Code  ON @ Ua Noo.  o be used for future annual repo	COM rt notification)	-	
For fur	ther information co	ncerning this matter, please ca				
1	LNDREA	Turk	at (32)	689-097	5	
	Name of	Person	Area Code [	aytime Telephone Number	三流	v.
Enclose	ed is a check for the	e following amount:			温温	FILI
<b>\$2</b> :	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		Certifica ) Certified	te 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

## TO ARTICLES OF ORGANIZATION OF

DWL HOLDING	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
	pany were filed on June 8, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited $N/A$	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA-
(Principal office address MUST BE A STREET ADDRESS	<u></u>
Enter new mailing address, if applicable:	NA-
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere- registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	City Zip Code
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is

## or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANDREA TURK	1406 West Ave. Clermont F	2.34711 DAdd
			Remove
			Change
AMBR	MARU St. MARIE	1406 West Ave Clermons, Fi	34711 Add
			Remove
		<del> </del>	Change
Mgr	MARU St. MARIE	1406 WEST Ave Clermont FC 3	34711 X Add
			Remove
			Change
			Add
			Remove
			10000000000000000000000000000000000000
			Remoye
			Q:Ghange-
<del></del>	<del></del>		□ Add
			□ Remove
			□ Change

Pleas	SE REMOVE MARUST. MANGE AS AMBR. PUT ANDREA TURK AS AMBR.
and	: Put Andrea Turk as Amisk.
The	n Put Mark St. Munic AS Mgr.
	made mistake in Filmg it was confusin
	6.)
If an effective date Note: If the date	(optional)  e is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' the inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as active date on the Department of State's records.
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ay after the record is filed.
Dated	We 14 , 2017.
	Signature of a member or authorized representative of a member
<u></u>	WAREA TURIL MARK T. MARIE  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00