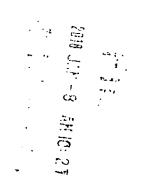
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Office Use Only



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COVER LETTER

10:	Division of Corp			
SUBJE	CT:	PWM6 Hora	lings LLC	
			ed Liability Company	
The encl	losed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please re	eturn all correspon	dence concerning this matter to	the following:	
		<u> </u>	Name of Person Holding 5 Ll Firm/Company	
			Name of Person	
		fwm 6	Holdings Ll	
		_	Firm/Company	
		3040 NE	190th St, +	#213
			Address	
		Aventura	Address File, 33. City/State and Zip Code O Smort 1. Cook be used for future annual report	180
		- 1. 1. (·)	City/State and Zip Code	
		E-mail address: (to	be used for future annual renor	t notification)
For furth	ner information co	ncerning this matter, please cal	1:	,
	Cade K	afte)	at (<u>202</u>) <u>3</u> Area Code D	78 6587
	Name of	Person	Area Code D	aytime Telephone Number
Enclosed	d is a check for the	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

PWMG Holdings	LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1700017596	were filed on 4/17/20\7 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3040 NE 190° St 213 Aventura, FL, 33180
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3040 NE 190in St 213 Aventura, FL, 33180
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duries, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	5
If Chan	ging 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 Title **Address** Type of Action <u>Name</u> Cheryl Kaftel 3040 NE/90th St Jando 213, Aventura, FC, 33/80 Remove _□ Change □ Add ☐ Remove ____ Change _____ Change □ Remove _□ Remove

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ffective date.	if other than the date	of filing:	X 1000	_(optional)	
f an effective date	e inserted in this block do	es not meet the applicable	ate of filing or more than 90 d statutory filing requireme	ays after filing.) Pursuant to 605 ents, this date will not be listed	.0207 ed as
	etive date on the Departm	ient of State's records.			
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document's effe e record spe The 90th da	ay after the record is	a filed.	representative of a member		•-

Page 3 of 3

Filing Fee: \$25.00