117000/85677

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COVER LETTER

TO:

то:	Registration Se Division of Cor			
SUBJE	CW Financ	ial Ventures LLC		
SOBJE	cı	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Julianne Ledbetter		
			Name of Person	
		CW Financial Ventures LL	.C	
			Firm/Company	
		13180 Längston Road Suit	1201 13188 LIVINGSTON ROAD, Suit	4201
			Address	
		Naples, FL 34109		
			City/State and Zip Code	
		julianne.ledbetter@snadvise E-mail address: (ory.com to be used for future annual report notification)	
For furt	her information c	oncerning this matter, please ca		
David F	Edmondson		239 631-6929 at ()	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclose	d is a check for th	ne following amount:		
≘ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CW Financial Ventures LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L17000185677</u> .	August 30, 2017 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
he new name must be distinguishable and contain the words "Limited Liability Company," ti	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
To amonding the projectional areas and/or projectional office address	an annual manual the manual of the
3. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address: Enter	Florida street address
	Florida 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.

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
Member	David S. Edmondson	13180 Livingston Road Suite 201 8	■ Add
			Remove
			☐ Change
Manager	Julianne H. Ledbetter	13180 Livingston Road Suite 201 8	
			■ Remove
			☐ Change
		_	☐ Add
			☐ Remove
			☐ Change
			Add
		-	□ Remove
			☐ Change
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ective	date, if other than ve date is listed, the date	the date of fili	ng:			(optional)	
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	's effective date on th						
recor	d specifies a dela	ved effective	date but no	t an effective	time at 12	·01 a.m. on	the earlier o
	Oth day after the						
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	1 hom	2 U. O	a member or author	vized representati	ve of a member		· · · · · · · · · · · · · · · · · · ·
		Signature of	a member of aum	mzed representan	ve of a memoer		~· *

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