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A. BUTLER FEB - 4 2022

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: 2843 UPP	ER TANGELO DRIVE LLC	nited Liability Company		
	Name of the	исса главниу Сопрану		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	τ to the following:		
	David A. White, MGR			
		Name of Person		
	2843 UPPER TANGELO	DRIVELLC		
	 -	Firm/Company		
	1212 Center Place			
		Address		
	Sarasotu, FL 34236			
		City/State and Zip Code		
	1212CenterPlace@Gmail.c	om		
	E-mail address:	to be used for future annual report not	ilication)	
For further information c	concerning this matter, please o	all:		
David A. White, MGR		941 350-1777		
Name e	if Person	at () Area Code Daytin	e 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 Addres	<u>s:</u>	Street Address:		
Registration Section		Registration Sec	ction	
Division of C	•	Division of Cor		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2843 OPPER TANGELO DRIVETLC		38 - 10 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
(Name of the Limited Liabil	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Company were filed on 10/30/2	2017 And assigned
Plorida document number L17000224804	ovanjanj were med on	und assigned
Torida document number	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
HW Associates LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices adduces if a = 10 - 11.		
Enter new principal offices address, if applicable:		-
<u> Principal office address MUST BE A STREET ADD</u>	RESS)	
		
Enter new mailing address, if applicable:		
• •	*****	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registere	d office address on our recor	ds, enter the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
N. B. 1 1/200 4.11		
New Registered Office Address:	Enter Florida s	trant robbens
	conge i torium s	ireer aaaress
		Florida
	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.

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
AMBR	Ralph W. Hoenle	1212 Center Place	■Add
		Sarasota, FL 34236	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
		 	□Add
			□Remove
			□ Chapea

Feetive date, if other than the date of filing: I/24/2022	<u>-</u>					
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