## L18000005108

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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations			
PW Acquis	itions LLC			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Jonathan Paul West			
		Name of Person		
	Midtown Capital Group L	LC		
		Firm/Company		
	210 N Bumby Avenue	<del></del>		
		Address		
	Orlando, FL,	32403		
	paul@ midtowncapitalus.cc	City/State and Zip Code om		
		(to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please c	eall:	75	<b>(</b> D
		at ()		<b>ए</b> ग्र
Name o	f Person	Area Code Daytimo	Telephone Number	
Enclosed is a check for the	ne following amount:		.n D	7
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fize. Certificate of Stat Certified Copy tadditional copy is end	
Mailing Addres	···	Street Address:		
Registration S	Section	Registration Sec		
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	•	
Tallahassee, l			Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PW ACQUIST	TIONS LLC		
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)		<del>-</del>
The Articles of Organization for this Limited Liability Florida document number $\frac{1.18000005108}{1.18000005108}$	Company were filed on January 5, 2018	and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the a	bbreviation	ı "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET <u>ADD</u>	ORESS)		
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<del>,</del>	
B. If amending the registered agent and/or register agent and/or the new registered office address here		ne of the	
agent and/or the new registered office address here	;	٤.	€Đ
Name of New Registered Agent:		- <del></del>	**************************************
New Registered Office Address:		Ş	
	Enter Florida street address	A	:7
	, Florida	₹ Z¥.ip C	ode

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Title Man	Midtown Capital Group LLC	210 N Bumby Avenue	□Add
		Orlando, F1, 32803	≣Remove
			Change
Manager	Jonathan Paul West	210 N Bumby Avenue	≣Add
		Orlando, FL 32803	□Remove
			□Change
			□Add
			□ Remove
		<i>(</i> )	□Change
		,	Figure
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

Typed or printed name of signee

Jonathan Paul West