# 118000039253

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# **COVER LETTER**

	gistration Sec ision of Corp					
SUBJECT:	AWE SOW	DER LLC				
Sobject.		Name of Lim	ited Liability Company			
The enclosed	I Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		PATRICIA C. MERINGE	:R			
			Name of Person			
			Firm/Company			
	5020 CLARK ROAD UNIT 238					
			Address			
		SARASOTA, FL 34233				
			City/State and Zip Code			
		E-mail address: (	to be used for future annual report notific	cation)		
For further in	nformation co	ncerning this matter, please co	all:			
PATRICIA C MERINGER		R	941 587-5255 at ()			
Name of Person		Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	following amount:				
\$25.00 F	iling 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

## AWE SOWDER LLC

AVVE SOVVDER LLC				
( <u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 02/12/2018  Florida document number L18000039253				
his amendment is submitted to amend the following				
A. If amending name, enter the new name of the li	mited liability company here:			
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the ab	0		
inter new principal offices address, if applicable:		18.	<u> </u>	
Principal office address MUST BE A STREET AD	DRESS)		를 프	
		- m	7:F	
inter new mailing address, if applicable:		AM 10:	일 일 일	
Mailing address MAY BE A POST OFFICE BOX)		<b>3</b> 1 02	-	
s. If amending the registered agent and/or regestered agent and/or the new registered office as		the name of t	the n	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address		<del></del>	
	, Florida			
	Ciry	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>	<u>Address</u>	Type of Action
MGR	PATRICIA C. MERINGER	5020 CLARK ROAD UNIT 238	■ Add
		SARASOTA, FL 34233	☐ Remove
			Change
			□ Add
		<del></del>	□ Remove
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ffective date, if other than effective date is listed, the	an the date of fil	ing:	or to date of filing	or more than 90 days	optional) after filing \ Pursuant to	605 020
ote: If the date inserted in	n this block does no	t meet the appl	icable statutory			
ocument's effective date of	n the Department o	of State's record	lS.			
e record specifies a d	elaved effective	edate hutin	ont an effecti	ve time at 12°	01 am on the ea	arlier (
The 90th day after t			iot an enceti	ve cirre, de 12.	or ann on the co	1111C1 C
11 II V 7		2019				
JULY 7			·			
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Typed or printed name of signee

Filing Fee: \$25.00