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Office Use Only



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DIVISION OF CORPORATIONS

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COVER LETTER

Division of Co	rporations		
SUBJECT: 4	RWOOLD LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Chuse	Lurgio	
	4Rwor	1d LLC Firm/Company	
		Firm/Company	
	1742 San	Souci St Address	
	_ Stuart,	Florida 34994 City/State and Zin Code	'
	Chase Lurgi E-mail address: (1	Florida 34994 City/State and Zip Code O a mail com to be used for future annual report notifi	fication)
For further information of	concerning this matter, please ea	ill:	
Chase L	of Person	at (<u>773</u>) <u>(631 - 4</u> Area Code Daytimo	148 7 e Telephone Number
Enclosed is a check for t	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)
MAIL	ING ADDRESS:	STREET/COURT	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed	on $6/8/78$ and assigned
Florida document number <u>L 8000 142135</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	v." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	man or t
(Principal office address MUST BE A STREET ADDRESS)	18
Enter new mailing address, if applicable:	9 P
(Mailing address MAY BE A POST OFFICE BOX)	7 St.
Francing dualess WAT BE ATOST OFFICE BOAT	2 55 2 55
	<u>x</u>
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ess on our records, enter the name of th
New Registered Office Address:	
Ex	nter Florida street address
	, Florida Zip Code
City	Z.p C.ode
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

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	Anthony Joseph centrare 11	1 325 NW Dewburry 7000	🗹 Add
		Jensen Beach, FL 34957	□ Remove
			Change
AMBR			
			□ Remove
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Anthony	Lurgio s (entrur maining	w 111	Shall	become	awner	af
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tive date, if othe	er than the date o	f filing:	7/10/18	5	(option	nal)
nective date is fisted,	, the date must be spec ed in this block doe	eme and cann	iot be prior to di	ate of filing or more	than 90 days after fi	ling.) Pursuant te
	ite on the Departme					
	a delayed effec er the record is		, but not ar	n effective tim	ne, at 12:01 a.	m. on the ea
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	Signatu	re of a memb	er or authorize	d representative of	a member	

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Filing Fee: \$25.00