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| PICK-UP WAIT MAIL | - |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE
TALL AHLSSET, FLORIDA

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COVER LETTER

| Division of Corp | porations | | |
|-----------------------------|---|---|--|
| SUBJECT: <u>DSW</u> | Iwestner Name of Limi | t Group UL red Liability Company | |
| The enclosed Articles of a | Amendment and fee(s) are subr | mitted for filing. | |
| Please return all correspon | ndence concerning this matter t | to the following: | |
| | 101112 B | Smale Associated Supplies Name of Person | |
| | DSW Inu | estment Good | pill |
| | 5501 Wes | Connett Blue | 7 #3 8 1995 |
| | Jacksonii | City/State and Zip Code | 44 |
| | DS W TAIDEST E-mail address. (1 | MENTEROUP OF To be used for future annual report notific | JAX OGMA IC COM |
| For further information co | oncerning this matter, please or | all: | |
| Wille R Name of | Simplety Person | at (<u>904)</u> <u>591-</u> Area Code Daytime | 4038 Telephone Number |
| Enclosed is a check for th | ne 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 ADDRESS:

TO:

Registration Section

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company | were filed on 06.118 12618 and assigned |
|---|---|
| Florida document number <u>L18000148792</u> . | |
| This amendment is submitted to amend the following: | 長馬工 |
| A. If amending name, enter the new name of the limited liab | pility company here: |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or the abbreviation "Leb C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 5501 Wesconnette 3169 Jacks mille, FI 33544 # 381995 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 5501 Wesconnett Blud. Jacksonville, FI 32244 # 381995 |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | office address on our records, <u>enter the name of the new</u> <u>re</u> : |
| Name of New Registered Agent: Williams | e R Singleton |
| New Registered Office Address: 550\ | Wesconnett Blud #381995 |
| Jack | Sonville Florida 32244 City Tip Code |
| AL IN TAX DATE OF THE STATE OF | |

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.

Willie R Augle
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 Type of Action **Address** Title Name Willie R. Singleton 3082 Wandering Oaks Drive Dr _□ Remove ☐ Remove 8 ∏ □ Change デート の Change □ Add _□ Remove _□ Change _□ Remove _□ Change _□ ∧dd □ Remove

_□ Change

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---|
| my name is Willie R Singleton I made |
| a mistake when creating our business |
| DSW Investment Group. I thought I |
| registered me as the CEO/MNG of the |
| business, but when we went to the |
| bank, the bank says it only has me |
| as the person who registered the |
| business Please add me as the |
| 1st manager in this business with |
| me hours 34% and the other 2-Managers |
| 35 having 33% a piece |
| |
| Thank Duing - in |
| Delle Ramo |
| <u> </u> |
| |
| |
| E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: |
| (b) The 90th day after the record is filed. |
| Dated 12/7/2018 |
| Dated |
| Dated 12/7/2018 Signature of a member or authorized representative of a member |
| |
| Shaquille Allen Typed or printed name of signee |
| |

Page 3 of 3

Filing Fee: \$25.00