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SECRETARY OF STATE
TALLAHASSEE, FI ORINA

BI_ VORISEK

COVER LETTER

Div	ision of Cor	porations				
SHRIFCT,	DWE whole	esale LLC				
SOBJECT.		Name of Limited Liability Company				
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Alvaro del Olmo				
		DWE WHolesale	Name of Person			
		290 Sunrise Drive Unot 30	Firm/Company			
		Miami, Florida 33149	Address			
		hrttinc@gmail.com	City/State and Zip Code			
For further in	nformation co	E-mail address: (to oncerning this matter, please or	to be used for future annual report noti all:	fication)		
Alvaro del C	Olmo		786 9300723			
	Name of	Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a	a check for th	e following amount:				
■ \$25.00 F	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)		
t	MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DWE Wholesale LLC		2 55
(Name of the Limited Li (A F	iability Company as it now appears or lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili Florida document number L18000245455	ity Company were filed on OCtob	er 18th 2018 Sing assigned E. FLORID
This amendment is submitted to amend the followin	ifi:	IATE ORIDI
A. If amending name, enter the new name of the	limited liability company here:	•
The new name must be distinguishable and contain the words	"Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:	Y1	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ir records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
_		, 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 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	Dale Walters	1830 NORTH UNIVERSITY DRIVE SUITE 267, Plantation Fl	
			☐ Remove
			Change
			
			Remove
			Change
			Add
			□ Remove
			Change
			
			□ Remove
			Change
			
			Remove
			Change
			Add
			Remove
			Change

	
	<u> </u>
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 da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not ar The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated Ochor, 26 . 2016. Signature of a member of authorize	//
1/1	//
Signature of a observation and the first	representative of homember

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00