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NAME:

WAWA LARGO, LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

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## **COVER LETTER**

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ella rezer.	Wawa Larg	o, LLC		/
SUBJECT:	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Lawrence Ecoff, ESQ.		
			Name of Person	
		ECOFF CAMPAIN & TIL	LES, LLP	
			Firm/Company	
		280 South Beverly Drive, S	Suite 504,	77/2
			Address	
		Beverly Hills, CA 90212		2019 FEB -4
		ecoff@ecofflaw.com	City/State and Zip Code	7 2 5
For further i	information co	E-mail address: (	to be used for future annual report notifi	cation)
Rodney Riv		3	310 600-0306	/
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations ater Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wawa Largo, LLC

company has been notified in writing of this change.

(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 November 28, 2018 and assigned Florida document number L18000275502 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 8910 Largo, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 入 (Mailing address MAY BE A POST OFFICE BOX) ψŅ B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Zip Code City 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

If Changing Registered Agent, Signature of New Registered Agent

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

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			
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Note: If the date inserted in this b	lock does not meet the ap	plicable statutory filir	ng requirements,	this date v	will not be I	isted a
document's effective date on the D	epartment of State's reco	ords.				
e record specifies a delaye	d effective date, but	not an effective	time. at 12:0:	1 a.m. o	on the ea	rlier (
The 90th day after the rec	ord is filed.					
Eshavara 3	2019					
Dated February 2		·				
		7- '				
	Signature of a member or	authorized representativ	e of a member			
	organization of the first of	* -				

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