

L19000054300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

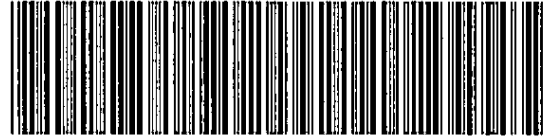
(Business Entity Name)

(Document Number)

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MAY 14 PM 12:01  
FILING OFFICE

FILED  
C.L.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CW Technology, LLC  
Name of Limited Liability Company

FILED  
MAY 14 2019  
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Max Farahani

Name of Person

Firm/Company

2400 E. Commercial Blvd, 11th Floor

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

maxfarahani@msu.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Max Farahani

Name of Person

at (305)

Area Code

706-1176

Daytime Telephone Number

Enclosed is a check for the 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:  
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

RECEIVED

MAY 15 2019

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CW Technology, LLC

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

FILED  
MAY 14 PM 12:00  
2019

The Articles of Organization for this Limited Liability Company were filed on 2/25/2019 and assigned  
Florida document number L1900054300

This amendment is submitted to amend the following:

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

1200 S. Pine Island Rd  
Suite 350  
Plantation, FL 33324

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1200 S. Pine Island Rd.  
Suite 350  
Plantation, FL 33324

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

City

Florida

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

**MGR = Manager**  
**AMBR = Authorized Member**

~~ADD~~ Add

☐ Change☐ Add

☒ Remove

☐ Add☐ Change☐ Remove☐ Add

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Remove

Change

11

**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.

Dated May 10, 2019

Max Farahani  
Typed or printed name of signer