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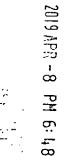
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

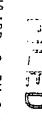
Office Use Only



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C. GOLDEN APR 1 5 2019

COVER LETTER

TO;	Registration Se Division of Cor		•	
- SHRI	L.W. Found	lation		
		Nume of Lim	ited Liability Company	
The ci	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Barbara W. Spencer		
			Name of Person	
		L.W. Foundation LLC		
			Firm/Company	
		9797 Garden St		
			Address	
		Jacksonville / Florida 3221	19	
			City/State and Zip Code	
		tazzyt1908@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information co	oncerning this matter, please ca	all:	
Barba	ara W Spencer		904 504-3539 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclo	sed is a check for th	ne following amount:		
≘ \$2	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)

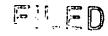
MAILING ADDRESS:

. . . .

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



L.W. FOUNDATION LLC

2019 APR -8 PM 6:48

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	33EE.
The Articles of Organization for this Limited Liability Company were filed on March 18, 2019 Florida document number L19000075901	and assigned
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 abi	breviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	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> Fitle</u>	Name	<u>Address</u>	Type of Action
mgr	Barbara Williams	9797 Garden St Jacksonville Fl 32219	■ Add
			□ Remove
			Change
ambr	Floretta Green	7998 Winterwood Ln Jacksonville Fl 32210	■ Add
			C Remove
			□ Change
mgr	Floretta Green	7998 Winterwood Ln Jacksonville Fl 32210	
			■ Remove
•			Change
. ,			: . Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			D Add
			□ Remove
			Change

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Fective date, if other the neffective date is listed, the ote: If the date inserted incument's effective date of the date of	n this block does not r	neet the applicable	te of filing or more that statutory filing requ	(optional n 90 days after filin irements, this date) g.) Pursuant to 605,020 c will not be listed a
	·				
record specifies a d The 90th day after t	lelayed effective of he record is filed.	date, but not an	effective time,	at 12:01 a.m.	on the earlier o
3/30/2019 ted		0600			
	11/4	· · · · · · · · · · · · · · · · · · ·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00