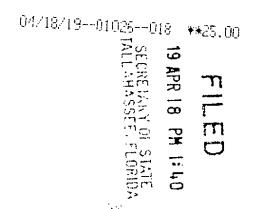
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COVER LETTER

TO:	Registration Se Division of Co			
SUBJI	DW ARRO	WHEAD GROUP, LLC		
.,,,,,,,,,		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		FRANK A. DEVILLING	Ш	
			Name of Person	
			Firm/Company	
		47 TALL TREES CRT		
		SARASOTA, FL. 34232	Address	
		SKIP@ĐEVILLING.COM		
			to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
FRANK A. DEVILLING HI			941 922-8017 at ()	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 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

DW ARROWHEAD GROUP, LLC

(Name of the Lim	ited Liability Company : (A Florida Limited Liab	<u>as it now appears on our reco</u> ility Company)	<u>rds.</u>)	
The Articles of Organization for this Limited I Florida document number L19000091390		re filed on (14/02/2019		ınd assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, <u>enter the new name</u>	of the limited liability	y company here:		
he new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation "LL	C'' or the abbrevia	tion "L.L.C."
Enter new principal offices address, if appli	cable:		·	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	· · · · · · · · · · · · · · · · · · ·		
	_		<u> </u>	<u> </u>
Enter new mailing address, if applicable:	_			<u>"n</u>
Mailing address MAY BE A POST OFFICE BOX)			- - 分子	1
3. If amending the registered agent and	- Nor registered office	e address on our recore	OF CIT	
registered agent and/or the new registered of			,	
Name of New Registered Agent:	FRANK A. DEVIL	LING III		
New Registered Office Address:	47 TALL TREES C	CRT.		
		Enter Florida street addre	33.2	
	SARASOTA	1:	Jorida 34232	

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.

City

Thank's Westlands
If Changing Registered Agent, Signature of New Registered Agent

Zip Code

. If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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