L190002	102615	
(Requestor's Name) (Address) (Address)	900355945159	
(City/State/Zip/Phone #)	12/04./2001016001 ++25.00	
(Document Number) tified Copies Certificates of Status pecial Instructions to Filing Officer:	S TALLENIT JAN 22 L1	
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Office Use Only	And	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CFWLM LLC	the second secon
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.
The Articles of Organization for this Limited Liability Company v Florida document number <u>L19000202615</u> This amendment is submitted to amend the following:	were filed on 08/08/2019 and assigned
A. If amending name, <u>enter the new name of the limited liabi</u>	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	22 23 0E
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>ب</u> ون ون

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:	WOLFE FINANCIAL GROUP		
New Registered Office Address:	1515 INTERNATIONAL PKW STE. 1001 Enter Florida street address		
	LAKE MARY	, Florida	
	Cin	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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

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<u>tle</u>	Name	Address	Type of Action
GR	TIMOTHY J. SHORTLY	P.O. BOX \$32	🖸 Add
		LAKE WALES, FL 33859	ERCHOVE
			Change
			🗆 Add
			🖸 Remove
			Change
			🗆 Add
			CRemove
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			🖸 Add
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			Change

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f amending any other information, enter change(s) here:	(Attach additional sheets, if	necessary.)	

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 date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.

<u>200</u> Dated Signature of a member or authorized representative of a member

CHRISTOPHER TRACY

Typed or printed name of signee