000264017

(Requestor's Name)
, ,
(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

CI SUBJECT:	DW Realty	LLC		
3600LC1		Name of Limi	ted Liability Company	
The enclosed Ai	rticles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Curtis Waybright		
		CDWRE Corporation	Name of Person	
		One Alhambra Plaza, Floor	Firm/Company Penthouse	
		Miami, Fl. 33134	Address	
		curtis@cdwadvisory.com	City/State and Zip Code	
For further infor	mation co	E-mail address: (t neerning this matter, please ca	o be used for future annual report notificall:	cation)
Curtis Waybrig			201 912-2882 at ()	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the	· following amount:		
■ \$25,00 Filin	g 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:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

CDW REALTY LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our reco Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Company Florida document number L19000264017	were filed on October 21, 201	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "Li	"C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		2019 NOV		
Enter new mailing address, if applicable:		V 1		
(Mailing address MAY BE A POST OFFICE BOX)				
		P 11		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ds, enter the name of the ne		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<u>-</u>	, Florida City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	vee to act in this capacity. If performance of my duties, (and I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Curtis Waybright	1 Alhambra Plaza, Penthouse, Coral Gables, FL 33134	■ Add
			□ Remove
			☐ Change
			Add
		- <u>-</u>	☐ Remove
			Change
			
			□ Remove
			□ Change
			Remove
			Change
			☐ Remove
		****	☐ Change
			Add
		 	Remove
			☐ Change

-	11 - 11		
			
	 		
	November 12, 2019		
	be specific and cannot be prior to date o ock does not meet the applicable state	(optional) of liling or more than 90 days after filing.) Pursuant to 605, tutory filing requirements, this date will not be liste	
e record specifies a delayed The 90th day after the rec		ffective time, at 12:01 a.m. on the earlie	≘r of:
November 12 Dated	2019		
	// //ay		
	Signature of a member or authorized rep	presentative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00