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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
OUD ICA	NWW Hole	-		
SUBJEC	دا:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	emitted for filing.	
	Name of Person  Area Code  Daytime Telephone Number  Area Code  Daytime Telephone Number  I is a check for the following amount:  00 Filing Fee  \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy			
		Nicholas Walters		
			Name of Person	
		NWW Holdings LLC		
			Firm/Company	<del></del>
		7205 Curry Ford Rd Ste 2		
			Address	<del></del>
		Orlando, FL 32822		
			City/State and Zip Code	
		-		
		E-mail address: (	to be used for future annual report not	ification)
For furth	ner information o	oncerning this matter, please c	all:	
Nicholas	s Walters			
	Name o	f Person		ne Telephone Number
Enclosed	d is a check for the	he following amount:		
□ \$25.	.00 Filing Fee	- •	Certified Copy	Certificate of Status &
	Mailing Addres Registration		Street Address: Registration Se	ection
	Division of C	Corporations	Division of Co	rporations
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NWW Holdings LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.)  oility Company)	<u> </u>
he Articles of Organization for this Limited Liability Company we	ere filed on December 17, 2019	and assigned
lorida document number L2000000010		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabilit	y company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
_		至 1
	····	-
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
January address MATT DE ATTOST OF THE BOXY	- · · · · · · · · · · · · · · · · · · ·	<del>(100 - 100 </del>
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. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	lress on our records, enter the nar	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	emer rioriaa sireei aaaress	
	, Florida	Zin 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 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>	Name	Address	Type of Action
MGR	Susan M Barnes	111 E Monument Ave Unit 510 Kissimmee, FL 3474	l <b>≡</b> Add
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ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the east filed.	lier of: (b) The 90th day after	er the
sed /// S/2020 Signature of a member or authorized representative of a mem		
Signature of a memori or authorized representative of a mem		

Filing Fee: \$25.00