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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2020 AUG 17 PM 7:40

OCT 02 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NWW Holdings LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas Walters

Name of Person

NWW Holdings LLC

Firm/Company

7205 Curry Ford Rd Suite 2

Address

Orlando FL 32822

City/State and Zip Code

nick@nwwholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Walters

817

917-8227

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nicholas Walters	7205 Curry Ford Rd Suite 2	<input checked="" type="checkbox"/> Add
		Orlando FL 32822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jacqueline Nicole Subject	7205 Curry Ford Rd Ste 2	<input checked="" type="checkbox"/> Add
		Orlando, FL 32822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Susan M Barnes	111 E Monument Ave Unit 510	<input type="checkbox"/> Add
		Kissimmee, FL 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. 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.

If 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 record is filed.

Dated August 3, 2020

Nicholas Walters

Signature of a member or authorized representative of a member

Nicholas Walters

Typed or printed name of signee