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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration So Division of Cor				10 0 P. 20 20 20 20 20 20 20 20 20 20 20 20 20
LLWL LLO	-		20	
SUBJECT:		ited Liability Company		
	Name of Lan	ned Elability Company		المراجع المراجع
				By By
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		٠ <u>٠</u>
Please return all correspo	ondence concerning this matter	to the following:		0
	Detaile Town			
	Patricia Torres	N. CB	<del></del>	
		Name of Person		
	LLWL LLC			
	-	Firm/Company		
	1861 NW South River Dr.	Suite 2106		
		Address		
	Miumi Fl 33125			
		City/State and Zip Code		
	docepatty@me.com			
	E-mail address: (	to be used for future annual report r	notification)	
For further information c	concerning this matter, please co	all:		
Patricia Torres		786 414-7192		
Name o	of Person	at () Area Code Day	time Telephone Number	
Enclosed is a check for t	he following amount:			
	-	□ \$55.00 Eiling Eas &	☐ \$60.00 Filing Fee.	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Malling Addess	ve·	Street Address:		
<u>Mailing Addres</u> Registration		Registration		
Division of Corporations		Division of C	Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLWL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>LLWL LLC</u> Florida document number L20000015933 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 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

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
AMBR	PATRICIA TORRES	1861 NW SOUTH RIVER DR., SUITE 2106, MIAM	II ≣∧dd
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ective date, if other than the d n effective date is listed, the date must b te: If the date inserted in this bloc nument's effective date on the Dep	specific and cannot be prior to date of filing of does not meet the applicable statutory fi	(optional) or more than 90 days after filing.) Pursuant to 605.0207 iling requirements, this date will not be listed as
cord specifies a delayed effective of sfiled.	ate, but not an effective time, at 12:01 a.r	m, on the earlier of: (b) The 90th day after the
ed	2020	
Si	mature of a nymber or authorized representati	ive of a member
	PATRICIA TORRES	
	PATRICIA TORRES	

Filing Fee: \$25.00