L20000128202

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COVER LETTER

TO: Registration Division of C	i Section Corporations					
	ambert, LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corre	spondence concerning this matter	to the following:				
	Eric C. Millhorn, Esq.					
		Name of Person				
	Millhom Elder Law Plann	ing Group, PLLC				
		Firm/Company	78 7A			
	11294 US Highway 301		2020 AUG SLERET SALLANDS			
		Address	6 21			
	Oxford, FL 34484		7 PH			
	dana@millhornlaw.com	City/State and Zip Code	2: 24 STATE LUBIUS			
		(to be used for future annual report not	fication)			
	n concerning this matter, please of	call:				
Eric C. Millhorn		352 330-3366 at ()				
Nan	ne of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for	or 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)			
P.O. Box 6	n Section f Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MWL Bambert, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records. d Liability Company)	<u>') </u>
The Articles of Organization for this Limited Liability Compa	ny were filed on May 12, 2020	and assigned
lorida document number L20000128202		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
AWL Bamberg, LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		202 TAI
Principal office address MUST BE A STREET ADDRESS)		FR 20 TO
		(n): N
		PH
nter new mailing address, if applicable:		PM 2: 2
Mailing address MAY BE A POST OFFICE BOX)		: 2
		>
3. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, enter t	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove 2020 AUG 27 TALL 6 12588Y
			2020 AUG 27 PH 2: 24 TALLA JASSEI FLORIDA
			□ Change
	 .		
			🗆 Remove
			Change
			□ Add
			□Remove
			Change
			□Remove
		····	□Change

Typed or printed name of signee