## L20 000232707

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## **COVER LETTER**

Division of Corpo	rations				
SUBJECT: AUTO	o:				
SUBJECT: 103	Name of Lim	ited Liability Company	<del></del>		
		, , ,			
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
	MON;	FA IMHOTEN Name of Person	<del>-</del>		
	Aw' G	∽¹ ← L_L_C Firm/Company			
		ORTIOR LAILOT CIT			
	West por	m Bayan , FL 3340 City/State and Zip Code	<u> </u>		
	MONINAGO	Ormail com			
	E-mail address: (	to be used for future annual report notif	ication)	202	
For further information con-	cerning this matter, please c	all:	ORE SA	O AUG	1 Tg
MONIFE T	in Hoten	ar(561 ) 410 -	4013	19	
Name of P	erson	at (561) 410 - Area Code Daytime	Telephone Number Co.Co.	PK 7: 2	17. Mar.
Enclosed is a check for the	following amount:		· 73	99	
\$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 Stat Certified Copy (additional copy is end	us &	
Mailing Address		Street Address			

٠ TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

AW'Chic LLC					
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000232707</u> .	were filed on Ac	1905+-3-2c	<u>r≱o</u> an	d assig	med
Fronda document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	ignation "LLC" or the	e abbreviatio	 on "L.L.	.C.''
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			<del>-</del>		<u>.</u>
Enter new mailing address, if applicable:			SE	2020	
(Mailing address MAY BE A POST OFFICE BOX)				<u>~</u>	
			**************************************	<del>-</del> -	
B. If amending the registered agent and/or registered office a	address on our rec	cords, <u>enter the n</u>	ame of th	e new	registered
agent and/or the new registered office address here:			11:	J: 29	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florid	la street address			
		, Florida			
	Ciţy		Zip (	Code	
New Registered Agent's Signature, if changing Registered Agent:					

## N

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 = Man AMBR = Autl	ager) horized Member Changing	From Ap to Monogen mo	wint op
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	Signatur	re of a member or	authorized repres	entative of a	member		<del></del>