LZO 000239413

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	i
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COVER LETTER

TO: Registration Division of C			
Tomaha SUBJECT:	wk Web LLC		·
SUBJECT:	Name of Lim	nited Liability Company	
		to the other	
	of Amendment and fee(s) are sub spondence concerning this matter	-	
r lease teturi an corre-	spondence concerning this matter	to the tonowing.	
	Daniel Boone		
		Name of Person	
	Tomahawk Web LLC		
		Firm/Company	
	9387 Melody Cir		
		Address	
	Port Charlotte, Florida 339	981	
		City/State and Zip Code	· ·
	daniel@tomahawkweb.com E-mail address: (to be used for future annual report no	dification)
For further information	n concerning this matter, please c	_	
Daniel Boone		859 227-6595	
Nam	e of Person	at ()	me Telephone Number
Englaced is a check for	r the following amount:		
■ \$25.00 Filing Fee	-	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u>	r <u>ess:</u>	Street Address:	
Registratio		Registration S	
P.O. Box 6	•	Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2208: 15 Mill: 56

Tomahawk Web 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 Florida document number <u>L20000239413</u>	were filed on	08/07/2020	and assigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	lity company	y here:				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," t	he designation "LLC	C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		···				
(Principal office address MUST BE A STREET ADDRESS)		•				
	-					
Enter new mailing address, if applicable:			<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)		 				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on ou	ır records, <u>enter</u>	the name of the new register			
Name of New Registered Agent:						
New Registered Office Address:						
	Enter	Florida street addre	22			
		, Fl	lorida			
	Ciŋ		Zip Code			
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paceing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance provided for	e of my duties, a in Chapter 605,	and I am familiar with and F.S. Or, if this document is			

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

.....S . 14 FMH: 56

<u>Title</u>	Name	Address	Type of Action
MGR	Daniel Boone	9387 Melody Cir, Port Charlotte, Florida 33981	= Add
			□Remove
Divcibul	Eria Boone	9387 Melody Cir, Port Churlotte,	□Change FL 339 81 FL □Add
		□Remove	
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Federal EIN number needs to	o be added as 85-1221258	
 		
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fective date, if other than the	e date of filing:	(optional)
ote: If the date inserted in this bl	lock does not meet the applicable statutory fi	or more than 90 days after filing.) Pursuant to 605.0207 (3 iling requirements, this date will not be listed as the
cument's effective date on the De	Department of State's records.	
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annad annaith a a dalasad afternis	ve date, but not an effective time, at 12:01 a.i	m. on the earlier of: (b) The 90th day after the
s filed.		
is filed.	10:50 am	
nted	·	
ted 09/01/2020	·	tive of a member
ed 09/01/2020	Signature of a member or authorized representation	tive of a member

Filing Fee: \$25.00