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(Requestor's Name) (Address) (Address)	500355250185
(City/State/Zip/Phone #)	11/20/2001016022 **25.00
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Office Use Only	12/23/20 SAA

COVER LETTER

TO:	Registration Section
	Division of Corporations

Tallahassee, FL 32314

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Ally MW L	LC	•	۵.
	Name of Lim	ited Liability Company	—
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ryan Dagenais		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Franklin Street Manageme	nt Services	
		Firm/Company	
	1311 N Westshore Blvd Su	uite 200	
		Address	
	Tampa, FL 33607		
		City/State and Zip Code	····
	ryan.dagenais@franklinst.co		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Ryan Dagenais		813 577-3823 at ()	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of T	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ally MW 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 8/26/2020	and assigned
Florida document number L20000254702	

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:

<u> </u>		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	City	Zip 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, <u>enter the title, name, and address of each person being add</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Andrew Wright	1311 N Westshore Blvd Suite 200	🖸 Add
		Tampa, FL 33607	🗆 Remove
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			🗆 Add
		, <u></u> ,	□Remove
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			Change
<u>.</u>			🗖 Add
			□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		
Andrew W	Signature of a member or authorized representative of a member Vright	

Typed or printed	name of	signce

Filing Fee: \$25.00