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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRIME INCOME TAX AND ACCOUNTING LLC

Account Number : I20210000201 Phone : (561)409-3106 Fax Number : (561)952-0315

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PRINEINCOMETAX 16 GMASL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **PWF INVESTMENTS LLC**

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COVER LETTER

	istration Sec ision of Corp		
	PWF INVE	STMENTS LLC	6 -
SUBJECT:		Name of Lim	ited Liability Company
77hld	1 A-1-1 A-6	A d	in. 4 6 611
		Amendment and fee(s) are sub ndence concerning this matter	-
		RAFAELA VIEIRA	
			Name of Person
		PRIME INCOME TAX A	ND ACCOUNTING
			Firm/Company
		23269 STATE ROAD 7 ST	UITE 119
			Address
		BOCA RATON, FL, 3342	8
			City/State and Zip Code
		primeincometax l@gmail.co	
		B-mail address: (to be used for future annual report notification)
For further in	nformation co	oncerning this matter, please c	ail:
CEZAR J FI	ERREIRA		561 409-3106
	Name of	Person	at (
Enclosed is a	check for th	e following amount:	
≡ \$ 25.00 F	filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	lling Address		Street Address: Registration Section
	gistration S vision of C	orporations	Division of Corporations
P.C). Box 632	7 -	The Centre of Tallahassee
Tal	lahassee, F	L 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PWF INVESTMENTS LLC			
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 10/27/2020	and assigned	
Florida document number L20000331417			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:		
The new name must be distinguishable and contain the words "Limited Lisbi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	241 E PALMETTO PARK ROAD		
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33432		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>	25	
n 76 - 14 - 14 - 14 - 14 - 14 - 15 - 16 - 16 - 16 - 16 - 16 - 16 - 16			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new regis	
		ے ہے	
Name of New Registered Agent:			
New Registered Office Address:		- 2	
	Enter Florida street address		
	, Florida _		
	Clty	Zip Code	

Now Rogistered 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>	Name	Address	Typg of Action
			□Add
			□Remove
			Change
			□ Add
		·	□Remove
			☐ Change
			□Add
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ian eff Note:	ve date, if other than the date of filing: O5/17/2023
recor l is fi	d 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 ed.
atod	MAY 17TH 2023
	tulal.
	Tuful
	Signature of a mamber or authorized representative of a member

Filing Fee: \$25.00