20000367146

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TO: Registration Section

Division of Cor	porations		
	AX CERT 2020 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Denise DeMartini		
		Name of Person	
	Commerce Group		
		Firm/Company	
	1280 W Newport Center E)rive	
		Address	· · · · · · · · · · · · · · · · · · ·
		City/State and Zip Code	
	Deerfield Beach, Florida 33		(F)
		to be used for future annual report not	incadon)
For further information of	oncerning this matter, please c	aii:	
Denise DeMartini		954 570-3515 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 1 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CG WV TAX CERT 2020 LLC	Company as it now appears on our records.)
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L20000367146</u>	mpany were filed on 11/19/2020 and assigned and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
20 SLO WVC LLC	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	(SS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
maning university DETT OF CO. C. LOS DOLY	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			Change
			Remove
			□ Change
			□Add
			□Remove
			☐ Change
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an ef ote:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier og 90th day after the record is filed.
ated	May 18, 2023
	A = A + A + A + A + A + A + A + A + A +
	POULS of Partition
	Signature of a member or authorized representative of a member