Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 : (727)442-1200 Fax Number : (727)443-5829

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN,

AWP ACQUISITIONS, L.L.C.

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\$25.00

2021 FEB 18

Electronic Filing Menu

Corporate Filing Menu

Help

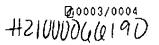
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AWP ACQUISITIONS, L.L.C.		
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	or records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/02/202}{12000057397}$.	21 and assigne	ed
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	ion "LLC" 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: (Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	: - -	egister(
Name of New Registered Agent:		· ·
New Registered Office Address: Enter Florida stre	eet address . 5	
	, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	STO-MANAGEMENT, L.L.C.	1245 COURT STREET	🖹 Add
		CLEARWATER, FL 33756	□Remove
	·		□Change
MGR	STEPHEN OLSON	759 PARKWAY STREET	□∧dd
		SUITE 201	BRcmove
		JUPITER, FL 33477	Change
			[]Add
			□Rcmove
		<u> </u>	Change
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Filing Fee: \$25.00

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