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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
	MUNICATIONS LLC		
SUBJECT:	Name of Lin	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:	
	DANIELS, WINE		
		Name of Person	
		Firm/Company	
	1713 GARVIN STREET		
		Address	
	ORLANDO, FL 32803		
	-	City/State and Zip Code	
	DANIEL.SCOTT.WINE@	GMAIL.COM to be used for future annual report not	(ft
For further information c	oncerning this matter, please c		meatony
DANIEL WINE		407 222-8439	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 Address		Street Address:	vetion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANIEL WINE WRITING & EDITING LLC	
(<u>Name of the Limited Liability Company as it now ar</u> (A Florida Limited Liability Compa	opears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{1.21000103359}{1.21000103359}$.	MARCH 3, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :
DSW COMMUNICATIONS LLC	
The new name must be distinguishable and contain the words "Limited 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 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 or agent and/or the new registered office address here:	ur records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: Enter	Florida street address
City	, Florida <u>- ∠2</u> - Zip Code
New Registered Agent's Signature, if changing Registered Agent:	8
I hereby accept the appointment as registered agent and agree to act in toprovisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address. I have company has been notified in writing of this change.	e of my duties, and I am familion with and in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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ffective date, if other than the data an effective date is listed, the date must be sote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be prior to k does not meet the applica			
record specifies a delayed effective d I is filed.	ate, but not an effective tin	ne, at 12:01 a.m. on the ϵ	arlier of: (b) The 90th day	after the
ated				
Si	mature of a member or author	ized representative of a me	mber	_
DANIEL S. WINE, MAN		I name of signee		

1333 13 0350