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COVER LETTER

Division of Co	orporations		
CLUBICATE	equistions LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are suf	bmitted for filing.	
Please return all corresp	oondence concerning this matter	r to the following:	
	Alan Wright		
		Name of Person	
	Amendment and fee(s) are submitted for filing. Alan Wright Name of Person AMW Acqusitions LLC Firm/Company 8944 Belfrose Ave. Address Jacksonville, Fl 32222 City/State and Zip Code mrbizz.marketing@gmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Person at (904 Area Code Daytime Telephone Number c following amount: \$\begin{array}{c} \$30.00 \text{ Filing Fee & Certificate of Status & Certificed Copy (additional copy is enclosed)} Street Address:		
		Firm/Company	
	8944 Bellrose Ave.		
		Address	
	Jacksonville, Fl 32222		
		•	
			HALLES
For further information		·	meaton)
Alan Wright			
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration			ation
_	Corporations	Registration Se	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMW Acquisitons LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liferida document number L21000204426	iability Company	were filed on May 03, 20	21	_ and ass	signed
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
AMW Unlimited LLC				~.	
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbin	eviation "L	L.C."
Enter new principal offices address, if applicable:		1403-2 Dunn Ave.		200	12.10
(Principal office address MUST BE A STREET ADDRESS)		Jacksonville, FL			Tares
		32218	//	:{ 	3
			17	· <u>· · · · · · · · · · · · · · · · · · </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1403-2 Dunn Ave.	<u>.</u>		
		Jacksonville, FL		-1 00	
		32218		•	
. If amending the registered agent and/or regent and/or the new registered office addres Name of New Registered Agent:		address on our records, g	enter the name e	of the nev	v regist
	1403-2 DunnAv	JP.			
New Registered Office Address:	1405-2 (Zum/A)	Enter Florida street	address		
	Jacksonville		, Florida 32218	3	
		City	, FIOLIGA	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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

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fective date, if other than the	late of filing:	(opt	ional)		
an effective date is listed, the date must ote: If the date inserted in this blo					
ocument's effective date on the De					
record specifies a delayed effective is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90t	h day afte	r the
is ned.					
	2021				
September 30					
ated September 30					
ated	Signature of a member or authorized r				