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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Coi	rporations		
end reze	Blue Wate	r Bay Pizza Company LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Michael Williams		
			Name of Person	
		Michael Joseph Williams	LLC	
			Firm/Company	
		205 Stonewyck Place		
		<u></u> -	Address	
		Roswell, Georgia 30076		
			City/State and Zip Code	
		amw@repiccis.com		
Day freehood h	francistica	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)
		oncerning this matter, please c		
Michael Wil			404 931-3808 at () Daytin	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne tollowing amount:		
■ \$25.00 F	iling 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)
	ling Addres istration S		<u>Street Address:</u> Registration Se	ction
Div	ision of C	orporations	Division of Cor	rporations
P.O	P.O. Box 6327		The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Water Bay Pizza Company LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 18, 2021 _ and assigned Florida document number L21000284264 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMW Florida Enterprises LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 164 US Hwy 331S Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite B2, #297 Freeport, FL 32439 164 US Hwy 331S Enter new mailing address, if applicable: Suite B2, #297 (Mailing address MAY BE A POST OFFICE BOX) Freeport, FL 32439 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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

Zip Code

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
			□Change
			□Remove
			□Change
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			□Chunge
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			□Change
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			□Remove
			□ Change

Page 2 of 3

Effective date, if other than the date of filing:				
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Signature of a member or authorized representative of a member		1.1/	M_{\star} M_{\star}	M

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Typed or printed name of signee

Filing Fee: \$25.00