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2021 SEP -9 FF 1: 32

D. BRUCE SEP 19 2021

COVER LETTER

Division of Cor			
SUBJECT:	MWM	NAPLES	
	Name of Lim	NAアレE Sited 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:	
		S YULMCMURRT Name of Person	
		心介 アレセン Firm/Company	
		, .	
	4099 TAL	Address NoteT	<u> </u>
	NAPLE	ES FL 3410	3
	Ynchos E-mail address: (City/State and Zip Code City/State and Zip Code Code	ation)
For further information c	oncerning this matter, please ca	all:	20
<u>ان د. ده کا</u> Name o	EMMCMURZT	at (239) Area Code To be used for future annual report notificated: at (239) Area Code Daytime T	Te 11 Sp T
			10 ; you
Enclosed is a check for the	he following amount:		
X \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filingifiee. S Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration S	Section	Registration Secti	
Division of C P.O. Box 632		Division of Corpo The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MWMNAPLE	.5
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{6/22/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 a agent and/or the new registered office address here:	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 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	32

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LANCE MCMURRY	2086 SEVILLE WAT	X ∧dd
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ecord specif s filed.	ies a delayed effe				m. on the earlier	of: (b) The	: 90th da _i	y after the
ed	9	-4	202	<u>. </u>				
	INVEL	Nignature of d	member or autl	iorized representa	tive of a member			_
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