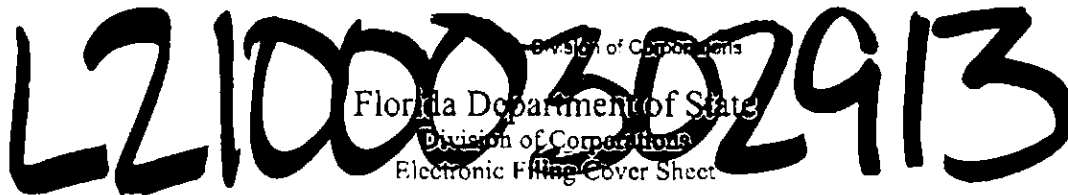


8/26/2021



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(((H21000320376 3)))



H210003203763ABCY

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From:
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Account Number : 128156000038
Phone : (305)485-9700
Fax Number : (813)492-8840

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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August 27, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DW18 ENTERPRISES LLC
PO BOX 270727
TAMPA, FL 33688US

SUBJECT: DW18 ENTERPRISES LLC
REF: L21000302913

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

BRIANNA C BIRO
Regulatory Specialist I

FAX Aud. #: H21000320376
Letter Number: 421A00020792

H210003203743

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DW18 Enterprises LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 AUG 27 AM 10:01
FILED
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/01/2021

and assigned

Florida document number L21000302913

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 "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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Manuel J Vadillo, Esq.

New Registered Office Address:

1200 Brickell Avenue, Suite 1480

Enter Florida street address

Miami

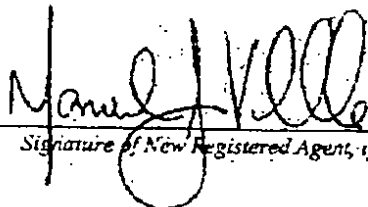
Florida 33131

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.


Signature of New Registered Agent, if changing

H210003203763

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>	<u>Type of Action</u>
MGR	Wilson Arroyo	520 Lunalilo Home Road, Unit 3419	<input type="checkbox"/> Add
		Honolulu, HI 96825	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Dion Waiters	5745 SW 94 Street	<input type="checkbox"/> Add
		Pinecrest, Florida 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 25 2021

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Wilson Arroyo

Typed or printed name of signee

2021 AUG 27 AM 11:01
FALL ARREST, T. 430.00

Filing Fee: \$25.00