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COVER LETTER

Div	vision of Cor	porations				
SURIFCT:	LIW Enterprise LEC					
SOBJECT.		Name of Limited Liability Company				
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
LIW Enterprise LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Andrew Watson Name of Person Firm/Company 3105 Dasha Palm Drive Address Kissimmee, Fl., 34744 City/State and Zip Code andreww207@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andrew Watson Name of Person 1786 906-5132 at (Area Code) Daytime Telephone Number Einclosed is a check for the following amount: \$\Begin{array} \text{S25,00 Filing Fee} \text{ \$\sigma \$30.00 Filing Fee} \text{ \$\sigma \$\sigma \$0.00 Filing Fee} \text{ \$\sigma \$\sigma \$\sigma \$\text{Certificate of Status} \text{ \$\text{Certificate Copy} \text{ \$\text{Certificate Copy} \text{ \$\text{Certificate Of Status} \text{ \$\text{Certificate Copy} \text{ \$\text{Certificate Copy} \text{ \$\text{Certificate Copy} \text{ \$\text{Certificate Of Status} \text{ \$\text{Certificate Copy} \text{ \$\text{Certificate Of Status} \text{ \$\text{Certificate Copy} \text{ \$\text{Certificate Copy} \text{ \$\text{Certificate Of Status} \text{ \$\text{Certificate Of Status} \text{ \$\text{Certificate Copy} \text{ \$\text{Certificate Copy} \text{ \$\text{Certificate Of Status} \$\text{C						
				Address mee. Fl., 34744 City/State and Zip Code v207@gmail.com E-mail address: (to be used for future annual report notification) his matter, please call: 286 906-5132 at (
		3105 Dasha Palm Drive				
	Address					
Address Kissimmee, FL, 34744 City/State and Zip Code andreww207@gmail.com						
		andreww207@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report noti	fication)		
For further i	nformation co	oncerning this matter, please ca	all:			
Andrew Wa			at ()			
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is a	a check for th	e following amount:				
≅ \$25,00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Street Address:

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

LIW Enterprise LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our recommitted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con		and assigned
Florida document number L22000312090	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "I.	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		S 2
(Principal office address MUST BE A STREET ADDRE.	(SS)	ZZZ V
		29 HAS
Enter new mailing address, if applicable:		RY OF
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>ent</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
	 ;	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	

company has been notified in writing of this change.

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

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>	Type of Action
MGR	Nabila Arbaje	3105 Dasha Palm Drive, Kissimmee, FL, 34744	🗆 Add
			Remove
			□Change
MGR	Andrew Watson	3105 Dasha Palm Drive, Kissimmee, FL, 34744	≣ ∧dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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(If an effective Note: 11	e date, if other than the date of filing: (optional) tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.	
f the record : ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the i.	
Dated _	7/25/2022 Mala Estajo 7/25/21 Signature of a member or abthorized representative of a member	o22
	ANDREW WATSON & NABILA ARBAJE	

Typed or printed name of signee