L22000434266

(Re	questor's Name)	
<i>[</i>]	4400.0.07.007	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
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(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to		
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Office Use Only



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3/13/23 V.IKL



February 13, 2023

SONIA BECERRA 3 GREENWAY PLAZA #1320 HOUSTON, TX 77046 US

SUBJECT: CW WRITES, LLC Ref. Number: L22000434266

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PAGE 2 OF THE DOCUMENT WAS MISSING. PLEASE COMPLETE THE ATTACHED DOCUMENT AND RETURN IT FOR PROCESSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II

RECEIVED

MAR 07 _____

Letter Number: 923A00003495

COVER LETTER

TO: Registration Se Division of Cor		,	••
	CW	WRITES, LLC	' ,
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Sonia Becerra	
		Name of Person	
	CW WRITES, LLC Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Sonia Becerra		
		Firm/Company	ing. Becerra of Person It Filings Company y Plaza #1320 dress , TX 77046 and Zip Code O@gmail.com future annual report notification) 877 Daytime Telephone Number Street Address: Registration Section Division of Corporations
	Division of Corporations CW WRITES, LLC Name of Limited Liability Company		
		Address	
		Houston, TX 77046	
		City/State and Zip Code	
	•	•	
	E-mail address: (to be used for future annual report not	tification)
For further information of	concerning this matter, please c	all:	
Sonia E	Becerra	at (877) 777-6	0450
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
S \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		-	ection
_		_	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monro	oe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CW WRITES, LLC		
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	10/07/2022	and assigned
Florida document number L22000434266		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
CM Writes LLC		
the new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		27
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:		PILED DZ3 HAR - 7 PM 1: 22 RECRETARY OF S PATE of the new register TAIL LANY SEEE, FILE me of the new register
Name of New Registered Agent:		181-
New Registered Office Address:	 	
Enter Flori	da street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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
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i effectiv	e date is listed, the d he date inserted in	ate must be specific at this block does not	nd cannot be prior	to date of filing or mable statutory filin	ore than 90 days aft g requirements, th	er filing.) Pursuant to (his date will not be l	605.0207 isted as
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X		<u> </u>	one.		<u>.</u>		
X		Signature of a		orized representative	of a member		

Filing Fee: \$25.00