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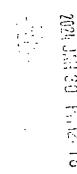
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co		•	·		
60DWL L	LC				
	Name of Lim	ited Liability Company	<u></u>		
	f Amendment and fee(s) are sub ondence concerning this matter	_			
	Stacy Proscia				
		Name of Person			
	60DWL LLC				
		Firm/Company			
	701 Beville Rd.				
	Address				
	South Daytona FL, 32119				
	City/State and Zip Code				
	stacyproscia@gmail.com				
	E-mail address: (to be used for future annual report n	otification)		
For further information	concerning this matter, please c	all:			
Stacy Proscia		407 435-1518			
Name	of Person	at () Area Code Dayt	ime Telephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing 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)		
Mailing Addre	ss:	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

60DWL LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records liability Company)	<u>~)</u>
the Articles of Organization for this Limited Liability Company lorida document number L24000027808	were filed on	and assigned
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	tity 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)		: 5.2
		
Section 1. The section of the section below		ຈິນ
Enter new mailing address, if applicable:	-	
Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
		.
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	iddress on our records, <u>enter</u>	the name of the new regis
gent and/or the new registered office address nerg.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	ς.
	, Flo	orida
	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.

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
President	Stacy Proscia	701 Beville Rd. South Daytona FL, 32119	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	we date, if other than the date of filing:
the record	I 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 ed.
Dated _	·
	Signature of a member or authorized representative of a member
	Elizabeth Tilka
	Typed or printed name of signee

• • •

Filing Fee: \$25.00