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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT: 77	DW GNOUP Name of Lin	LLC	·
	Name of Lin	uted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	united for filing	
The chemsed sameres of	Amendment and fee(s) are sur	mined for ming.	
Please return all correspo	indence concerning this matter	to the following:	
	SHELDA	Name of Person	\cdot \sim
		Name of Person	·
	SHELDON	GITTLE SON	CPAPA
		Firm/Company	
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		Address	
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		City State and Zip Code	
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	E-mail address: (GMAIL. COM to be used for future annual report noti	tication)
Par finisher interesses in a			
ror ander mormadon e	oncerning this matter, please c	au;	
SIFELDON	/ CTITTE SON	at (305) 940	-4740
Name o	of Person	Area Code Daytim	e Telephone Number
linelosed is a check for the	he following amount:		
12, \$25.00 Filing Fee	S30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			•
Mailing Addres	 .	Strant Address	
Registration 5		<u>Street Address:</u> Registration Sec	ction
Division of C	orporations	Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 OCT -4 PM 12: 44

IT DW GROUP LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 5, 2024 and assigned Florida document number 1.24000066015 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FIDW GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address ______, Florida ______Zyr Code City

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. Thereby 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
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Filing Fee: \$25.00