

L24000455619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

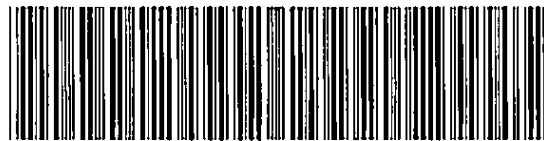
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
OCT 31 2024

Office Use Only



500438830115

FILED  
2024 OCT 30 PM 12:42

FILED  
2024 OCT 30 PM 3:20

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$ 25.00

Authorization Signature: Jan Tall

MWDM LLC

L24000455619

Business Name

#Document #

     Walk in

     Will wait

     Certified Copies of the Articles of Incorporation and all amendments (complete file)

     Certificate of Status

#### NEW FILINGS

     Profit  
     Not for Profit  
     LLC  
     Domestication  
     INC  
     CORP  
     OTHER

#### AMENDMENTS

  X   Amendment  
     Resignation of R.A. Officer/Director  
     Change of Registered Agent  
     Dissolution/Withdrawal  
     Conversion  
     Statement of FACT  
     Merger

#### OTHER FILINGS

     Annual Report  
     Fictitious Name  
     Statement of Authority  
     APOSTIL                       
                    COUNTRY

#### REGISTRATION/QUALIFICATIONS

     Foreign Filing  
     Partnership  
     Reinstatement  
     CORRECTION for a Foreign LLC  
     Domestication of a Foreign Corp.  
     Other

EXAMINER'S INITIALS:

**EXAMINER'S INITIALS:**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MWDM LLC  
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:

MARGARET WALLACE

Name of Person

MWDM LLC

Firm/Company

3927 VENUS ST

Address

PANAMA CITY, FL 32408

City/State and Zip Code

SALTEDHOMES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGARET WALLACE

Name of Person

at ( 303 )

Area Code

807-7697

Daytime Telephone Number

Enclosed is a check for 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
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**

MWDM LLC

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

FILED  
2024 OCT 30 PM 10:43

The Articles of Organization for this Limited Liability Company were filed on October 29, 2024 and assigned Florida document number L24000455619.

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 "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

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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Title	Name	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

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

Please add Federal EIN for MWDM LLC: FEIN 33-1674666

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (a) the 90th day after the record is filed.

Dated OCT 29, 2024



\_\_\_\_\_  
Signature of a member or authorized representative of a member

MARGARET WALLACE

\_\_\_\_\_  
Typed or printed name of signer