Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000229075 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number : 075350000353

Phone : (800)221-2972

fax Number

: (718)889-7420

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

(1)

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FWC OPERATIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

AUG 01 2013

M. SOLOMG.

7/31/2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FWC OPERATIONS, LLC	
(Name of the Limited	Liability Company as It now amears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number M18000000432	ility Company were filed on 01/16/2018	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" o	or the abbreviation "DUC."
Enter new principal offices address, if applicab	le:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	- గ్రామ్

Enter new mailing address, if applicable:		25 Hg
(Mailing address MAY BE A POST OFFICE BO	DX)	-
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, eaddress berg:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	Circ	Zip Code
New Registered Agent's Signature, if changing Reg	intered 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:

	Authorized Member		Type of Action
Title	Name	Address	type of Action
MBR	CECILE NOVAK	1501 YAMATO RD, STE 200W	□ Add
		BOCA RATON, FL 33431	■ Remove
			Change
			Remove JUL 3
			D Clinige မ
			B Add PA
			Remove —
			☐ Change
			A dd
			☐ Remove
			Change
			Remove
			☐ Change
			■ Add
			Peinove
			Change

-								_
								_
								_
_								
								
								_
				· · · · · · · · · · · · · · · · · ·				_
						···		_
					······································			
				- 				
								Vir.
		<u> </u>						<u></u>
								2
								ال الم
					.			-
			•į•			(antlana	D.	
ote: If th	e date inserted in	an the date of f late must be specifi this block does to the Department	not meel the ap	biicapie statuto.	ng or more than ry filing require	90 days after film ements, this dat	g.) Parsuant to 6 e will not be l	505.0207 (3 isted as th
record The 90t	specifies a de th day after th	elayed effectiv se record is fil	ze date, but ed.	not an effec	tive tlme, a	t 12:01 a.m	. on the ea	rlier of:
ited	7/3	1/2019	 -	·				
$\langle - \rangle$	J /	111	1	authorized repress	entative of a mer	nhur		
		Signature	Of the trace in the contract of the	nyinan co reman				

Page 3 of 3

Filing Fee: \$25.00