6/19/25, 10:10 AM

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Division of Corporations



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(((H25000218500 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7883 Eax Number : (786)713-1940

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JMW PARTS & EQUIPMENT LLC

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





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From: TAXLEAF.COM INC CONTADORAMERICA.COM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMW PARTS & EQUIPMENTILLC

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

The Articles of Organization for this Limited Lia	ibility Company	were filed on $\frac{08/09/2012}{}$	and assigne	d
Florida document number 1.12000102692	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	ility company here:		
			20 SF	
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designatio	on "LLC" or the abplication 'En.C."	•
Enter new principal offices address, if applica	ble:	1549 NE 123RD ST.	A. B.	
(Principal office address MUST BE A STRE	TADDRESS)	NORTH MIAMI FL.	<i>y</i> ,	*****
				ח כ
Enter new mailing address, if applicable:		1549 NE 123RD ST.	4: 52 STATE FL	
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	NORTH MIAMI FL 3	33161	
				,,
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records,	enter the name of the new reg	gistered
Name of New Registered Agent:	ACCOUNTAN	T & MANAGEMENT, IN	sc.	
New Registered Office Address:	1549 NE 123RI	OSE.		
		Enter Florida street	t address	
	NORTH MIAN	11	, Florida ³³¹⁶¹	
		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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

AMBR = 2	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			TAdd
			□Remove
			Change
			□ Remove
			TChange
			□Add
			□ Remove
			Change
			
			[J.Add
			□ Remove
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			E Remove
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fective date, if other than the da in effective date is listed, the date must b	k does not meet the applica	able statutory filing require	Odays after filing, (Pursuant to 60 ments, this date will not be lis	(\$,0207 c) sted as th
ecument's effective date on the Department of th	late, but not an effective to	me, at 12:01 a,m, on the ea	rlier of (b). The 90th day aft	er the
record specifies a delayed effective of is filed.	2025		rlier of (b). The 90th day aft	er the
record specifies a delayed effective of is filed.	2025		rlier of (b). The 90th day aft	er the
ocument's effective date on the Deparement's effective a delayed effective a listified. JUNE 3RD ated	2025	me, at 12:01 a,m, on the ea		er the