

Division of Corporations

Florida Department of State
Division of Corporations
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L14000188327

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

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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
JW ALVARENGA LLC**

Certificate of Status	0
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AUG 25 2015
J. HARRIS

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JW ALVARENGA 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:

SAVANA MYLLYS SILVA
Name of Person

ACCOUNT BOOKKEEPING CORP
Firm/Company

3300 S HIAWASSEE RD STE 106
Address

ORLANDO, FL 32835
City/State and Zip Code

INFO@ABKCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAVANA MYLLYS SILVA at (407) 898-1757
Name of Person Area Code 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JW ALVARENGA LLC

(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 Liability Company were filed on 12/09/2014 and assigned
Florida document number L14000188327

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 "L.L.C."

Enter new principal offices address, if applicable:

7467 LAKE ALBERT DR

(Principal office address MUST BE A STREET ADDRESS)

WINDERMERE, FL 34786

Enter new mailing address, if applicable:

7467 LAKE ALBERT DR

(Mailing address MAY BE A POST OFFICE BOX)

WINDERMERE, FL 34786

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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:

ALBUQUERQUE, WALMIRIA

New Registered Office Address:

7467 LAKE ALBERT DR

Enter Florida street address

WINDERMERE

Florida

34786

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

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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

Title	Name	Address	Type of Action
AMBR	ALBUQUERQUE, WAIMIRIA	7467 LAKE ALBERT DR	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ALVARENGA DA SILVA, JONAS	7467 LAKE ALBERT DR	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	BURLAMAQUI, MORGANA CAROLINA	7467 LAKE ALBERT DR	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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: (b) The 90th day after the record is filed.

Dated: AUGUST 21 2015

Handwritten signature of Walmiria Albuquerque

Signature of a member or authorized representative of a member

WALMIRIA ALBUQUERQUE

Typed or printed name of signer

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