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. COVER LETTER

FO: Registration Sec Division of Cor			•
SUBJECT:	BW Products Name of Limit	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Julian	na Williamson Name of Person	1
		Firm/Company	
	1732	Debbie In	
	Oran	2e Payk 320 City/State and Zip Code)73
	Products E-mail address: (to	blue amail. (a)	tication)
For further information co	oncerning this matter, please ca	II:	
Juliana Name of	William Son	at (<u>904) 323</u> Area Code Daytim	1980 e Telephone Number
Enclosed is a check for th	e following amount:		
Signature \$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

JBW Prod	ucts			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	<u> </u>		
The Articles of Organization for this Limited Liability Compan	y were filed on July 28, 201	<u> </u>	ıd assig	gned
Florida document number <u>L200002252744</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the	e abbreviati	on "L.L.	.C."
Enter new principal offices address, if applicable:			-	·
(Principal office address MUST BE A STREET ADDRESS)		· •		
			- :	<u> </u>
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 r	ame of th		registered
agent and/or the new registered office address here:		2007 2007 2014	NG)-'	11
Name of New Registered Agent:		90.00 	<u>8</u>	<u> </u>
New Registered Office Address:		<u> </u>	င္သ	
	Enter Florida street address	ŞÄ	င္	
 	, Florida		Code	

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

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
AMBR	Mathew Williamson	1732 Debbie In Orang Park	□Add
		florida, 32073	CRemove
			□Change
MGR	Juliana B. Williamson	1732 Debbieln, Orange	_ ⊑⊼dd
		Park, FL, 32073	□Remove
			[] Change
Juney	Juliana B. Williamson	1732 Debbie In Orange	_bkdd
FMBR		Park, fl 32073	Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change

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n effe i <mark>te:</mark> I	tive date, if other than the date of filing: (optional) (tive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
ecord is file	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 d.
ted _	October 13 . 2020.
	Alenature of a member or authorized representative of a member
	Juliana B Williamson Typed or printed name of signce