

L21000353254

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(City/State/Zip/Phone #)

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6:43

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JW Woodworks LCC  
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:

Joshua Walker  
Name of Person

JW Woodworks  
Firm/Company

136 Westport Lane  
Address

Davenport, FL, 33896  
City/State and Zip Code

walkerr81@outlook.com, jswalker80@gmail.com, reb.m@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryann Walker  
Name of Person

407 729-0969  
at ( ) 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 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**

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JW Woodworks 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 August 4, 2021 and assigned Florida document number L21000353254.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Super Daddios Custom Woodworks LLC

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:**

144 Woodpecker Court

**(Principal office address MUST BE A STREET ADDRESS)**

Davenport, Florida 33837

**Enter new mailing address, if applicable:**

144 Woodpecker Court

**(Mailing address MAY BE A POST OFFICE BOX)**

Davenport, Florida 33837

**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**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Melissa Monast	144 Woodpecker Court, Davenport, FL 33837	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ryann Walker	136 Westport Lane, Davenport, FL 33896	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joshua Walker		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		136 Westport Lane, Davenport, FL 33896	<input checked="" type="checkbox"/> Change
AMBR	Stephen Monast	144 Woodpecker Court, Davenport, FL 33896	<input checked="" type="checkbox"/> Add
			<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

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

Multiple horizontal lines for amending information.

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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 2, 2022 \_\_\_\_\_

Signature of a member or authorized representative of a member

Joshua Walker

Typed or printed name of signee

# JW Woodworks LLC

136 Westport Lane Davenport Florida 33896 407-729-0969 [jswalker80@gmail.com](mailto:jswalker80@gmail.com)

**August 5, 2022**

Florida State Department  
Division of Corporations  
The Center of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

The following submission includes articles of Amendment and enclosed check with fee for filing to make the necessary changes to JW Woodworks LLC under the L21000353254, EIN 87-2062110, or Audit # H21000295307.

Contact can me made directly to me via phone at 407-729-0969 or the following email addresses: [jswalker80@gmail.com](mailto:jswalker80@gmail.com), [reb.rn@icloud.com](mailto:reb.rn@icloud.com) and [walkerr81@outlook.com](mailto:walkerr81@outlook.com) regarding these documents and requested changes.

**Sincerely,**

**Joshua Walker**