M 0000 33013

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
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| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| J. HORNE | | | |
| MAY 1 0 2022 | | | |
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2022 MAY -9 AM 8: 56



Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 663335 8379854

AUTHORIZATION :

COST LIMIT : \$/25.00

ORDER DATE: May 6, 2022

ORDER TIME : 3:46 PM

ORDER NO. : 663335-005

CUSTOMER NO: 8379854

DOMESTIC AMENDMENT FILING

NAME: JOHN C. WELLS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

| | egistration Solvision of Co. | | | | | | |
|--|------------------------------|--|---|--|--|--|--|
| SUBJECT | | John C. Wells, LLC | | | | | |
| SUBSEC | | Name of Lin | nited Liability Company | | | | |
| The enclos | sed Articles of | Amendment and fee(s) are sul | emitted for filing. | | | | |
| Please retu | ırn all correspo | ondence concerning this matter | to the following: | | | | |
| | | Maghen Wells Stern | | | | | |
| | | | Name of Person | | | | |
| | | John C. Wells, LLC | | | | | |
| | Firm/Company | | | | | | |
| | 401 Zoo Parkway | | | | | | |
| | Address | | | | | | |
| | Jacksonville, FL 32226 | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | | | | |
| | | contracts@jcwells.org | | | | | |
| P E 1 | | | to be used for future annual report not | incation) | | | |
| ror muner | information c | oncerning this matter, please c | all: | | | | |
| Maghen Wells Stern | | 904 545-5533 at () | | | | | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number | | | |
| Enclosed is | a check for th | e following amount: | | | | | |
| □ \$ 25.00 | Filing Fee | S30.00 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 Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI | rporations Fallahassee se Street, Suite 810 | | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 HAY -9 AH 8: 57

John C. Wells, LLC

SECRETARY OF SIATE

(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 05/03/2004 ____ and assigned Florida document number L04000033612 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JC WELLS, 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: (Principal office address MUST BE A STREET ADDRESS) 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 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

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.

City

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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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| ffective date, if other than the dan effective date is listed, the date must lote: If the date inserted in this blococument's effective date on the Department. | ck does not meet the applicable | statutory filing requirements, this c | ling.) Pursuant to 605,0207 |
| record specifies a delayed effective is filed. | date, but not an effective time, | at 12:01 a.m. on the earlier of: (b) | The 90th day after the |
| | 2022 | | |
| May 6 | | | |
| ated May 6 Mather s | Wells Stor | d representative of a member | |

Filing Fee: \$25.00

COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
|-----------------------------------|------------------------------------|---|---|--|--|
| CHBIC | John C. We | ells, LLC | | | |
| Name of Limited Liability Company | | | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub- | omitted for filing. | | |
| Please n | eturn all correspo | ondence concerning this matter | to the following: | | |
| | | Maghen Wells Stern | | | |
| | | | Name of Person | | |
| John C. Weils, LLC | | | | | |
| Finn/Company | | | | | |
| 401 Zoo Parkway | | | | | |
| Address | | | | | |
| Jacksonville, FL 32226 | | | | | |
| | | | City/State and Zip Code | | |
| | | contracts@jewells.org | 7-1 | | |
| For fresh | er information a | | to be used for future annual report notification | cation) | |
| rorium | er intormation co | oncerning this matter, please c | au: | | |
| Maghen | Wells Stem | | 904 545-5533 at () | | |
| Name of Person | | f Person | Area Code Daytime | Telephone Number | |
| Enclos e d | is a check for th | e following amount: | | | |
| □ \$25.6 | 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 S | | <u>Street Address:</u> Registration Sect | ion | |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303