## L04000037125

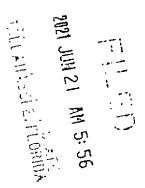
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## **COVER LETTER**

TO: Registration S Division of Co			
WJMP LL	С		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	WILLIAM J MAZAR		
	-	Name of Person	<del></del>
	WJMP LLC		
		Firm/Company	
	12872 HUNT CLUB RD	N	
		Address	
	JAX, FL 32224		
	<del></del>	City/State and Zip Code	
	WMAZAR@AOL.COM		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
WILLIAM MAZAR		904 838 6188 at ()	
Name e	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WJMP LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records ted Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.04000037125}{1.04000037125}$		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		-1 29
(Principal office address MUST BE A STREET ADDRESS	2	21 JUN
		21
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)		2 i
		56
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	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 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
MGR	MARA S. MAZAR	12872 HUNT CLUB RD N JAX FL 32224	■Add
			□Remove
			□Change
MGR	PATRICK F. MAZAR	12872 HUNT CLUB RD N JAX FL 32224	■Add
			□Remove
		<u> </u>	□Change
			□ Adđ
			□Remove
			2021 Change
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neffective date is listed, the date mu te: If the date inserted in this b	st be specific and cannot be price		than 90 days after fili	ng.) Pursuant to 605.020
cument's effective date on the I	repartment of State's record	s.	equirements, tins ou	te will hot be fined a
ecord specifies a delayed effective is filed.	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
06/10 ted	2021	·		
	Signature of a member or aud	20 I Mar		

Filing Fee: \$25.00