L06000005a94

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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DIV. SIDE OF COMPORATIONS BUREAU OF COMMERCIAL INFORMATION SERVICES

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15 JAN -5 AM 10: 00

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JHOT ZOFE RIE

COVER LETTER

SUBJECT: TWPATTI 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:	
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:	
	• :
JOHN W HARRISON	
Name of Person	
Firm/Company	
7861 Bayou Club BluD	
Seminale FZ 33777	
City/State and Zip Code JWPATTI ONSN. COM E-mail address: (to be used for future annual report notification)	:
For further information concerning this matter, please call:	
TOHN W HARRISON at (8B) 598-1900 Name of Person at (8B) Daytime Telephone Number	
Enclosed is a check for the following amount:	•
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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



December 18, 2014

JOHN W HARRISON 7861 BAYOU CLUB BLVD SEMINOLE, FL 33777

SUBJECT: JWPATTI, LLC. Ref. Number: L06000005294

We have received your document for JWPATTI, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 814A00026814

TO ARTICLES OF ORGANIZATION OF

JW PATTI, LLC

(Name of the Limited Liability Con (A Florida Limit	npany as it now appeared Liability Company)	rs on our records.	,)	•	
The Articles of Organization for this Limited Liability Compariorida document number \(\L0600005294	ny were filed on	1-17-2	م200	_ and assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company h	ere:			
he new name must be distinguishable and end with the words "Limited I	iability Company," the	designation "LLC	" or the abbr	reviation "L.L.	C."
inter new principal offices address, if applicable:			******************************		
Principal office address MUST BE A STREET ADDRESS)	<u> </u>			<u> </u>	
inter new mailing address, if applicable:	7861	BAYOU	Clu	P BIM	<u></u>
Mailing address MAY BE A POST OFFICE BOX)	Semin	vole f	ī_ 3	33777	<u> </u>
If amending the registered agent and/or registered egistered agent and/or the new registered office address have a Name of New Registered Agent:		our records,	enter the	e name of	the
New Registered Office Address:			LAHA LAHA	AN	
	Enter Flo.	rida street address Flo	rida F	S P S	<u>π</u>
lew Registered Agent's Signature, if changing Registered Age	. •	•	ÖRIC	28 ATE	

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

Authorized Member being added or removed from our records:

TELAL.	NT.	Address	mn exist.
Title -	<u>Name</u>	Address	Type of Actio
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	(A) CONTRACTOR (A)	
	CONTORP.	(optional)
effective date must be specific, cannot be prior to date of		
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te effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department of ted 12-5-14.	State) 2014.	be more than 90 days after
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE