## L0600035600

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

URIECT: JWB Real Estate Capital, 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:

Adam Rigel

Name of Person

JWB Real Estate Capital, LLC

Firm/Company

2406 University Blvd West

Address

Jacksonville, FI 32217

City/State and Zip Code

adam@jwbcompanies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Rigel

3)

<sub>.</sub>,904 (677-6777

Name of Person

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED. 2013 NOV 18 PM 3: 15

SEGNETARY OF STATE TALLAHASSEE, FLORIDA

JWB Real Estate Capital, 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 L	iability Company	were filed on 4/05/06	and assigned
Florida document number L0600003560	0		
2)			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and end wi"L.L.C."	th the words "Limi	ted Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applie	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
		<del></del>	
B. If amending the registered agent and registered agent and/or the new registered of			s, enter the name of the new
		_	
Name of New Registered Agent:	N/A		
New Registered Office Address:			
-		Enter Florida	street address
			lorida
N.		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Michael Stetson	2406 University Blvd W	Add
		Jacksonville, FI 32217	Remove
MGR	Alex Sifakis	2406 University Blvd W	Add
		Jacksonville, FI 32217	Remove
			Remove
			Add
			Remove
			Remove
			Remove

amending any other informatio	on, enter change(s) here: (Attach additional sheets, if necessary.)
November 11	2012
November 11	, 2013
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(0d)	aug Rical
Signat	ture of a member or authorized representative of a member
Adam Rigel	,
Adam Mei	
	Typed or printed name of signee
	Page 3 of 3

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Filing Fee: \$25.00

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