L0700009445-8

(Reque	estor's Name)	
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, PICK-UP	WAIT	MAIL
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(Docur	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filir	og Officer	•

A. LUNT

JUN 2 2 2009

EXAMINER

Office Use Only



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06/22/09--01016--013 **25.00

SECRETARY OF STATE

FILED

NO \$



June 10, 2009

ANDREW WINSTON 2211 DAVIE BLVD. FORT LAUD, FL 33312

SUBJECT: LWJ GROUP, LLC Ref. Number: L07000094458

We have received your document for LWJ GROUP, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 809A00019591



ATTORNEYS AT LAW

MORRIS S. FINKEL*

221 I DAVIE BOULEVARD, FORT LAUDERDALE, FLORIDA, 33312

JOHN K. LAWLOR, P.A.

PHONE [954] 525-2345 * FACSIMILE [954] 730-8908

PHONE (954) 525-2345 * FACSIMILE (954) 730-8908
FEDERAL TAX I.D. # 65-0807935
WWW.LWJLAW.COM

TRIAL LAW
CIVIL LITIGATION
MARITIME LITIGATION
CONSUMER ADVOCACY

*LICENSED IN FL AND PA

JAMIE F. ESCRUCERIA CLAIMS MANAGER

M. BENJAMIN MURPHEY

ANDREW Y. WINSTON, P.A.

May 29, 2009

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: LWJ Group, LLC

Document No.: L07000094458

Dear Sir or Madam:

Enclosed herewith, please find check No. 16148 in the amount of \$25.00 for the filing fee of the above-referenced document.

If you should have any questions, do not hesitate to contact me.

Andrew Y. Winston, esq.

For the Firm

AYW/mcp Encl.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LWS CROUP, 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:		
Andrew Winston Name of Person LWS ROUP LU	2009 JUN 19 PM 4: 07 SECRETARY OF STATE TALLAHASSEE. FLORID	FILE
Firm/Company 2211 DAVIE RAVID Address	4 4: 07 STATE FLORIDA	O
City/State and Zip Code AUN STON (D) AOL - Com E-mail address: (to be used for future annual report notification)	2	
For further information concerning this matter, please call:		
Andrew Winstow at 954 525 - 234? Name of Person Area Code & Daytime Telephone Number	5	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified (of Status &	ı

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

LWS	GROUP, ZLC	
(Name of the Limited Liabi	ility Company as it now appears on our records.) da Limited Liability Company)	
	_	
The Articles of Organization for this Limited Liability	y Company were filed on $9-14-07$ and assigned	
Florida document number <u>L 070000</u>	94458	
This amendment is submitted to amend the following	i.	
A. If amending name, enter the new name of the I	imited liability company here:	
LW GROUP,	LLC	
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	.	
(Principal office address MUST BE A STREET AD		
	AR C	
	ASS	
Enter new mailing address, if applicable:	SEC 9	
(Mailing address MAY BE A POST OFFICE BOX)		
muning numess mar BB at 1 051 01 1105 B019	RELEGIE	
B. If amending the registered agent and/or re	gistered office address on our records, enter the name of the new	
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
Tien Rogistered Criter Hameso.	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 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 Changing Registered Agent, Signature of New Registered Agent

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title <u>Name</u> Address **Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00