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D. BRUCE

AUG 28 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration So Division of Co					
SUBJECT:	CJW And	Associates, LLC ited Liability Company)			
	(Name of Lim	ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	C	(Name of Person)			
	CJW A	(Firm/Company)			
		(Firm/Company)			
	3660 NE 1	66 St Apt 410 (Address)			
,	· · · · · · · · · · · · · · · · · · ·	(Address)		O8 SEI	
	North Mian	n; Beach, FC 33160 (City/State and Zip Code)		08 AUG 27 SECRETAK ALLAHASS	
		(City/State and Zip Code)		27 FAR ASS	1
For further information of	concerning this matter, please c	all:		LUG 27 PH I2: 51 RETAKY OF STATE AHASSEE, FLORIO	
Crois	Collec	-1813 225 - 05	69	: 5 <u>1</u>	A COMPANY
(Name	of Person)	at (813) 325 - 05 (Area Code & Daytime T	(elephone Number)	—∌``	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$60.00 Fiting Certificate of Certified Co (additional of	of Status &	,

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

CJW And Associates			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our red d Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Compa Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
		TA: 0	
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Company," the de	signation "ITC" or the abbreviation	
Enter new principal offices address, if applicable:		25 P	
(Principal office address MUST BE A STREET ADDRESS)	**************************************		
	<u></u>	FLORID.	
Enter new mailing address, if applicable:		——————————————————————————————————————	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ls, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>		

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)

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> <u>Name</u> <u>Address</u> Type of Action Jeff Wilson MARM 🗖 Add Remove Wendi Wilson MGRM Add Remove 🗂 Remove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August 25R Signature of a member or authorized representative of a member Craz Collins
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00