L08000034896

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T. CLINE
JUL 17 2012
EXAMINER

J8-34894

SECRETARY OF STATE

COVER LETTER

TO:		on Section f Corporations	20	.
SUBJ	rær.	JWI SI	noe and More, LLC	•
3013	LC1:		imited Liability Company	
The er	nclosed Artic	es of Amendment and fee(s) are	submitted for tiling.	
Please	return all co	rrespondence concerning this m	atter to the following:	
			Maribel Bautista	
			JWI Shoes and More,llc Firm/Company	<u> </u>
			1 Hill/Company	
		154	9 West Orange Blossom Trail	<u> </u>
			Address	
			Apopka, Fl 32712	
			City/State and Zip Code	
		E-mail addre	mbjlulu@yahoo.com ss: (to be used for future annual report notif	lication)
For fu	rther informa	tion concerning this matter, ple	ise call:	
		Aric Claytor	at (321)	746-7839
	N	lame of Person	Area Code & Daytim	te Telephone Number
Enclo	sed is a check	for the following amount:		
\$2	5.00 Filing F	ee \$30.00 Filing Fee & Certificate of Stat	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	F L F	MAILING ADDRESS: tegistration Section Division of Corporations 2.O. Box 6327 'allahassee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Cor Tallahassee, FL 32	IER ADDRESS: SRY 50 prations center Circle Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JWI St (<u>Name of the Limited Liabilit</u> (A Florida	noes and More,LLC ty Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number 26-231990	Company were filed on	-11-2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the we "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)		, the designation in	ce of the aboreviation
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent:	stered office address on ou dress here:	r records, <u>enter t</u>	ARY OF S
New Registered Office Address: 154	9 West Orange Blossom		·
	Apopka City	r Florida street addr , Florida	32712 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

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

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
., 			Add Remove
 			Add Remove
			Add
			Add Remove
	<u> </u>		Add Remove
. If amen	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	TARY ASSEE
			FISIANE FLORIDA
 Dated			
	Man	tut	
	Signature of a member of the Maribel	er of authorized representative of a member Baulista 7-11-	2012

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Filing Fee: \$25.00