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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan JUL 31 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JWFL INVSTORS 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:

BRENDA J PRITCHARD
Name of Person

HORIZON REALTY MANAGEMENT INC
Firm/Company

7645 GATE PARKWAY SUITE 202
Address

JACKSONVILLE FL 32256
City/State and Zip Code

brendapritchard@horizonfl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMIE BOURASSA at (904) 641-1232
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

~~SECRETARY OF STATE~~
~~TALLAHASSEE, FLORIDA~~

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

Page 1 of 2

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>	<u>Type of Action</u>
<u>VP</u>	<u>BRENDA J GALLAGHER</u>	<u>7145 GATE PARKWAY STE 202</u> <u>JACKSONVILLE FL 32256</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>BRENDA J PRITCHARD</u>	<u>7145 GATE PARKWAY STE 202</u> <u>JACKSONVILLE FL 32256</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	<u>TAMMY A DOCKINS</u>	<u>7145 GATE PARKWAY STE 202</u> <u>JACKSONVILLE FL 32256</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

Dated _____, _____

Brenda J Pritchard
Signature of a member or authorized representative of a member

Brenda J. Pritchard
Typed or printed name of signee