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| (Requestor's Name) | | |
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| (Address) | | |
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| (Address) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| , , | | |
| (Document Number) | | |
| | | |
| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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C. LEWIS
DEC 0 5 2008
EXAMINER

COVER LETTER TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: WILLIE JACKSON. WJJ & WMJ LLC O Box 848157 (Address) For further information concerning this matter, please call: WILLIE JACKSON at (954) 513 7190 (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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

| W.J.J. & WMJ | FALLAHASSEE. FLORIDA | |
|--|---|--|
| (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 Liability Company Florida document number <u>LO80000 99969</u> | y were filed on 10/03/2006 and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability company here: | | |
| The new name must be distinguishable and end with the words "Lim"L.L.C." | nited Liability Company," the designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Fundamental address) | |
| | (Enter Florida street address) | |

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.

(City)

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 Type of Action **Title** <u>Name</u> Address Add Remove ☐ Add Remove 🗖 Add Remove ☐ Add Remove **□** Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Hecembe Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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