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SECRETARY OF STATE
TALLAHASSEE, FLORIO

COVER LETTER

TÒ:

Registration Section
Division of Corporations

SUBJECT:

JWA HOLDINGS, 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:

Mark Blumstein, Esq.

Name of Person

The Blumstein Law Firm

Firm/Company

19495 Biscayne Blvd., Suite 411

Address

Aventura, FL 33180

City/State and Zip Code

mark@blumsteinlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Blumstein, Esq.

305, 935-6831

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 File Pee, ○
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JWA Holdings, LLC			
(<u>Name of the Limite</u>	d Liability Company as it nov A Florida Limited Liability Co	w appears on our records.)	
The Articles of Organization for this Limited I			and assigned
Florida document number <u>L09000065143</u>	· · · · · ·		_
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	oany here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liabilit	y Company," the designation "LL	C" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
		∅ ₹	
		Fi	TO COMPANY
Enter new mailing address, if applicable:		AH AH	
(Mailing address MAY BE A POST OFFICE	(BOX)	SS	
		Ω,	
		FLO	2 = page 1
B. If amending the registered agent and	or registered office address	ess on our records, <u>enter</u>	name of the nev
registered agent and/or the new registered of	office address here:	A A	•••
Name of New Registered Agent:	Jorge Sarria		
New Registered Office Address:	8405 Miller Drive		
		Enter Florida street addre	ess
	Miami	, Florida <u>33</u> 1	55
	City	, 1 1011011	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

Page 1 of 3

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>	Address	Type of Action
MGRM	Alberto D. Sarria	8405 Miller Drive	Add
		Miami, FL 33155	Remove
MGRM	Will Harman	8405 Miller Drive	
		Miami, FL 33155	Remove
			Add
			Remove
			SECRETARY OF STATE LORID
			Add Remove
			Add Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	June 30, 2013.
	Signature of a momber or authorized representative of a member
	JORGE A. SARRA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 JUL 11 AM II: 16
SECRETARY OF STATE
TALLAHASSEE, FLORID.