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COVER LETTER

TO: 'Registration Se Division of Cor		•		
SUBJECT:	JP Will E	interprises, LLC		
		ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Jason Williams Name of Person			
		Name of Coson		
JP Will Enterprises, LLC				
		Firm/Company		
6462 Daysbrook Dr. Unit 103				
,		Address		
		Orlando, FL 32835		
City/State and Zip Code				
	ipwprojects@gmail.com E-mail address: (to be used for future annual report notification)			
For further information co	oncerning this matter, please c	all:		
Jason Williams Name of Person		at (321) 27 Area Code & Daytime T	77-3484	
7,4410 0.		, 1104 0040 00 254, 11110 0	olephole i landu	
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION SECRETARY OF STATE **OF**

DIVISION OF CORPORATION 10 NOV 10 PM 12: 28 JP Will Enterprises, LLC (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 were filed on _ 3 07 / 27 / 2010 and assigned Florida document number L10000078946 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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.

Citv

Enter Florida street address

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 **Address Type of Action Title Name** 9428 Emily Loop Orlando, FL 32835 <u>MGRM</u> Joshua P Williams Remove 1297 Harbor Town Cir. MGRM_ Nancy P Williams Melbourne, FL 32835 ✓ Remove ☐ Add ☐ Remove Remove ∏Add \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Nov. 5th Signature of a member or authorized representative of a member Jason Williams
Typed or printed name of signee

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Filing Fee: \$25.00