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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JAN 18 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JW COMPANIES, 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:

WILLIAM R. HUSEMAN, ESQ.

Name of Person

WILLIAM R. HUSEMAN, P.A.

Firm/Company

3733 University Blvd. West, Suite 305-A

Address

JACKSONVILLE, FL 32217

City/State and Zip Code

WHUSEMAN@JAXATTYS.COM

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

For further information concerning this matter, please call:

WILLIAM R. HUSEMAN, ESQ.

Name of Person

at ( 904 )

448-5552

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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SECRETARY OF STATE

(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

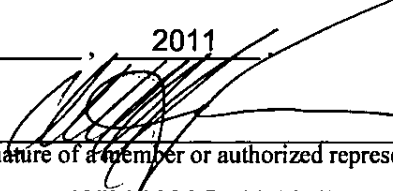
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>                         | <u>Address</u>                                   | <u>Type of Action</u>  |
|--------------|-------------------------------------|--|--|
| MGRM         | The EMM Family<br>IRREVOCABLE TRUST | 1405 North N Street<br>Lake Worth, FL 33460-1951 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                                     |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                                     |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                                     |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                                     |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                                     |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JANUARY 10, 2011

  
Signature of a member or authorized representative of a member

WILLIAM R. HUSEMAN, ESQ.

Typed or printed name of signee

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