L11000029844

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09/02/11--01011--014   **25.00

FILED
2011 SEP -2 PM 12: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
       Division of Corporations

SUBJECT: _____ JW Group Orlando, 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:

Richard Jackson
Name of Person

JW Group Orlando, LLC
Firm/Company

8865 Cypress Reserve Cir
Address

Orlando, FL 32836
City/State and Zip Code

rjackson5574@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Jackson   at (407)   432-5005
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

[✔] $25.00 Filing Fee   [ ] $30.00 Filing Fee &   [ ] $55.00 Filing Fee &   [ ] $60.00 Filing Fee,
                              Certificate of Status   Certified Copy   Certificate of Status &
                                                           (additional copy is enclosed)   Certified Copy
                                                                                           (additional copy is enclosed)

MAILING ADDRESS: **STREET/COURIER ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                        Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JW Group Orlando, 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 ____March 10, 2011____ and assigned Florida document number _____L11000029844____.

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: _____

Enter Florida street address

_____, Florida _____

City   *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

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>
MGR	Kristin Jackson	8865 Cypress Reserve Cir Orlando, FL 32836	☑ Add ☐ Remove
MGR	Donna Watson	28 Baynard Cove Road Hilton Head, SC 29928	☑ Add ☐ Remove
MGR	Paul Watson	28 Baynard Cove Road Hilton Head, SC 29928	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated ___8/30/2011___ , _____ .

Signature of a member or authorized representative of a member

Richard Jackson
Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00