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B. BOSTICK
SEP 2 6 2011
EXAMINER

## **COVER LETTER**

TO:	Registration Sect Division of Corpo						
SUBJE	ECT:	MAWAW	O HOLDINGS, LLC				
		Name of Lir	nited Liability Company				
The end	closed Articles of A	mendment and fee(s) are s	ubmitted for filing.				
Please	return all correspond	dence concerning this matt	er to the following:				
			Jonathan Bloom, Esq.				
			Nume of Ferron				
			Bloom & Freeling				
			Firm/Company				
		2295 N	W Corporate Blvd., Suite 117		717 1936	그 SE	
			Address			0	SALLER S
		Во	oca Raton, Florida 33431		SSE	23	1
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del>,</del>	The state of the s		jili epapean t
		jblo	om@bloom-freeling.com		- STAT FLORI	PH 3: 37	THE PERSON NAMED IN
Fan Com	da an in Cannad'		(to be used for future annual report notification	n)	EADA		
ror iun	ner information con	cerning this matter, please	caii:				
		than Bloom	at ( · )	-0000			
	Name of F	Person	Area Code & Daytime Tele	phone Number	•		
Enclose	ed is a check for the	following amount:					
_	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status		ed)
	Registrati	G ADDRESS: ion Section of Corporations 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAWAWO HOLDIN	GS, LLC
( <u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi Florida document numberL11000091980	iled on August 10, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
SJAMP HOLDINGS,	
The new name must be distinguishable and end with the words "Limited Liab "L.L.C."	oility Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	AL: 11
(Principal office address MUST BE A STREET ADDRESS)	SE SE
	S. S
Enter new mailing address, if applicable:	الموجودة : بي يرمن <del>أيا</del> تيم
(Mailing address MAY BE A POST OFFICE BOX)	0.14 R.1.3
	)A
B. If amending the registered agent and/or registered office aderesistered agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	Zin 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member Type of Action Title <u>Name</u> **Address** MGR Jared Woolf 2295 NW Corporate Blvd., Suite 110 | ✓ Add Boca Raton, Florida 33431 Remove MGRM Jared Woolf 2295 NW Corporate Blvd., Suite 110 Boca Raton, Florida 33431 ✓ Remove . ☐ Add Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 22 2011 Signature of a member of authorized representative of a member Vared Woolf Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00