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12 JUL 18 AM 10: 51

SECRETARY OF STATE

'JUL 1 9 2012

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeffrey Walton
JLWALTON ENTERPRISES LLC.
4180 N HWY AIA #304
Fort Pierce & 34949-
City/State and Zip Code Output Description City/State and Zip Code
For further information concerning this matter, please call:
Jeffrey Nalton at 941, 993-4506 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S10.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Copy (additional copy is en

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



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JLWALTONEN	JTERPRISES I	LC
(Name of the Limited Liability (A Florida		s on our records.)
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	12 30 11 and assigned
	· -	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited lighility company her	۵۰
enter the new name of the new	inted madrity company ner	₹.
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	•	
	<u> </u>	
Enter new mailing address, if applicable:		
• • • •		
(Mailing address MAY BE A POST OFFICE BOX)		
	 	
B. If amending the registered agent and/or regineristered agent and/or the new registered office address.		our records, <u>enter the name of the new</u>
Name of New Registered Agent:	·	
New Registered Office Address:		•
	En	ter 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> **Type of Action** <u>Name</u> **Address** Donnie MAdd Remove ☐ Add Remove ☐ Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

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Filing Fee: \$25.00