

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
	ity/State/Zip/Phon	<u> </u>
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	usiness Entity Na	me)
(D	domesa Emily Ha	
(D	ocument Number	)
Certified Copies	Certificate	s of Status
<u> </u>		
Special Instructions to	Filing Officer:	

Office Use Only



900314941409

06/27/18--01028--002 \*+25.00

TILED A 6-1

-11/15-00

## **COVER LETTER**

TO: Registration Se Division of Cor		·		
	JR HOMEWARE, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:	· · · · · · · · · · · · · · · · · · ·	25
	ARTURO ANGEL		=======================================	هم معدا معام معام
		Name of Person	•	4-4-7 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	MCARTHUR HOMEWA	RE, LLC		
	***	Firm/Company	<del></del>	<del></del>
	304 INDIAN TRACE, # 8	318	*** ****	٩
	· · · · · · · · · · · · · · · · · · ·	Address	<del></del>	
	WESTON, FL 33326			
		City/State and Zip Code		
	info@westoncar.com	to be used for future annual report notifi	entian)	
For further information c	oncerning this matter, please co		cuttony	
ARTURO ANGEL		954 303-6546		
Name o	of Person		Telephone Number	_
Enclosed is a check for t	he 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  Certificate of  Certified Cop  (additional copy	f Status & oy
	ING ADDRESS: ration Section	STREET/COURIE Registration Section		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as i	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number	10010017
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Co-	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2 23
(Principal office address MUST BE A STREET ADDRESS)	3 FT
Enter new mailing address, if applicable:	- >
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	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
New Registered Agent's Signature, if changing Registered Agent:	ap Coat
Thereby accept the appointment as registered agent and agree to	act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	1 ype of Action
MGR	MABEL ANGEL	304 INDIAN TRACE # 818,	Add
		WESTON, FL 33326	■ Remove
			Change
			☐ Remove
			Change
			É ≒□ ∧dd ∐
			Remove
	-		Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change

					<del></del>
	<u> </u>				
					<del></del>
	•				<del></del>
				·	
			<del></del>	1 <i>e</i> .	
			ξ λ	15	en com
	<u>-</u>		V.	;=::- ;=:::	
				<u>c.                                    </u>	
	<u> </u>			<u> </u>	
			LUÁ	Ċ.	Ü
			777-	- A	
	<u> </u>				
ective date, if other than the date of filing:		a ar mare than 00 da	(optional)	) Domessant I	o  ፋበና በን
n effective date is listed, the date must be specific and cannot be stee: If the date inserted in this block does not meet the a	pplicable statutor	y filing requiremen	its, this date	will not b	e listed
cument's effective date on the Department of State's rec	cords.				
		Aire Ainne - ma 45	1.01 p.m.	an tha c	sarliar
record specifies a delayed effective date, bu The 90th day after the record is filed.	it not an eirec	uve unie, at 12	01 а.п.	on the e	arner
ted JUNE 26 , 2018					
TIA	7				
1/1/20	h/				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00