

L13000146270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

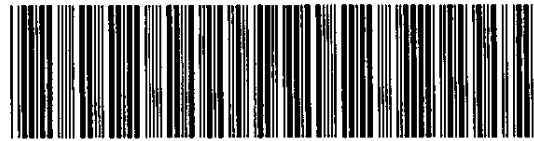
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300302277603

08/14/17--01037--003 **25.00

FILED
17 AUG 14 AM 11:52
TALLAHASSEE, FLORIDA

S. WARREN

AUG 16 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JWGIII, 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:

WADE J PARRISH

Name of Person

PARRISH & PARRISH CPAS

Firm/Company

6700 S. FLORIDA AVE SUITE 19

Address

LAKELAND, FL 33813

City/State and Zip Code

WADE.PARRISH@PARRISHCPAS.COM

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

For further information concerning this matter, please call:

WADE PARRISH

863 709-8337
at ()

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JWGIII, 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 10/17/2013 and assigned
Florida document number L13000146270.

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 contain 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:

PARRISH & PARRISH, CPAS, P. A.

New Registered Office Address:

6700 S. FLORIDA AVE STE 19

Enter Florida street address

LAKELAND

, Florida 33813

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 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 Changing Registered Agent, Signature of New Registered Agent

FILED
AUG 14 11:52
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOHN GROSSO	9827 GINGER DR.	<input type="checkbox"/> Add
		RIVERVIEW, FL 33578	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LISA GROSSO	9827 GINGER DR.	<input checked="" type="checkbox"/> Add
		RIVERVIEW, FL 33578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
17 AUG 14
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 9, 2017.

Lisa Grosso
Typed or printed name of signee

FILED
17 AUG 14 AM 11:53
CLERK OF STATE
TALLAHASSEE, FLORIDA