L14000150391

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SECRETARY OF STATE
TALL AHASSET FLORING

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COVER LETTER

TO: Registration Sectorial Division of Corp.			
J&WF	amily Holdings, LLC	>	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Martin Zucker, Es	pq	
		Name of Person	·
	Martin A. Zucker,	P.A.	
		Firm/Company	
	800 W. Cypress 0	Creek Rd, Ste 502	
		Address	
	Fort Lauderdale,	FL 33309	
		City/State and Zip Code	
	mzucker@Lexterra	a.com to be used for future annual report notific	cation)
	ncerning this matter, please ca	•	,
Martin Zuck		at (954) 727-99 Area Code Daytime	20
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

J & W Family Holdings, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000150391	were filed on 9/25/2014 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	9825 Marina Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Ste 100A	
	Boca Raton, FL 33428	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9825 Marina Blvd Ste 100A	
	Boca Raton, FL 33428	_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		e new
Name of New Registered Agent:	CC D	
New Registered Office Address:	Enter Florida street address	Maria.
	City Florida Sip Code	1
New Registered Agent's Signature, if changing Registered Agent:	RID ATT	
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree to comply wit	th the

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			□ Remove
			Remove
			□ Add
			ALLAR Remove
			ASSEE
			RIDA Remove
<u></u>			
			□ Remove

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- Am	fective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and one date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
Signature of a perpher or authorized refresentative of a member	e date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
Signature of a member or authorized regresentative of a member	the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
	he date this document is filed by the Florida Department of State)	(optional)
	e date this document is filed by the Florida Department of State)	entative of a member

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