

L14000194535

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FL 0900

2017 JUL 31 PM 3:00

FILED

K. SALY

AUG - 3 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DWJS 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:

SCOTT SMITH  
Name of Person

DWJS LLC  
Firm/Company

511 NE 21<sup>ST</sup> COURT #1218  
Address

WILTON MANORS, FLORIDA 33305  
City/State and Zip Code

MATTYS WILTON PARK @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT SMITH at ( 305 ) 798-0924  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

DWJS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2017 JUL 31 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/23/14 and assigned  
Florida document number L14000194535

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:

SCOTT SMITH

New Registered Office Address:

511 NE 21<sup>ST</sup> COURT # 218

Enter Florida street address

WILTON MANORS

City

Florida

33305

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

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>
MGR	SCOTT SMITH	511 NE 21 <sup>ST</sup> CT # 218	<input type="checkbox"/> Add
		WILTON MANORS FL	<input type="checkbox"/> Remove
		33305	<input checked="" type="checkbox"/> Change
AMBR	JASON N. SAPP	511 NE 21 <sup>ST</sup> CT # 218	<input type="checkbox"/> Add
		WILTON MANORS FL	<input type="checkbox"/> Remove
		33305	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2017 JUL 31 PM 3:08  
CLERK OF SUPERIOR COURT  
ALABAMA  
JULIA HARRIS

FILED

2017 JUL 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2017 JUL 31 PM 3:01  
CLERK OF DISTRICT COURT  
HALLAM STREET FLORENCE

8/1/2017

**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

7/07

2017

Signature of a member or authorized representative of a member

Scott Smith

Typed or printed name of signee