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(Requestor's Name) (Address) (Address)	300285923083
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	16 HAY 20 AN US OF THE ATTICKED OF STATE OF STAT
Special Instructions to Filing Officer: Office Use Only	RECEIVED SUFFICIENCY OF FILING HAY 20 AM II: 16 HAY 20 AM II: 16 HAY 20 AM HAY 20 AM HAY 20 AM

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IO: Registration Secti Division of Corpo		
SUBJECT:	JW IMPROVEMENTS, UC Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	Joshua D. Walsh Name of Person	-
	JW Improvements, LLC	-
	3073 Hickory Wind Road	- r.
· ·	Tullahassee, Advida 32317.	



For further information concerning this matter, please call:

Name of Person Area Code

Daytime Telephone Number

11. com

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)

City/State and Zip Code

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

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□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Talluhassec, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF A	MENDMENT
ARTICLES OF A TO	
ARTICLES OF OF	
OF	2
(Name of the Limited Liab lity Company (A Florida Limited Lia	•
The Articles of Organization for this Limited Liability Company w	vere filed on $0/28/2015$ and assigned
Florida document number <u>L15000016736</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability</u> Walsh <u>Fmpp</u> The new name must be distinguishable and contain the words "Limited Liability	ovements, LLC
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)	Josh Walsh 1917 Shady Oaks Drive
	MUNINISSE, MONIAN 32303
B. Unavailing the registered agent and/or registered offic registered agent and/or the new registered office address here:	ice address on our records, <u>there the name of the new</u>
Mame of New Registered Agent:	
New Registered Office Address:	Enter Florido street address
· · · · · · · · · · · · · · · · · · ·	, Florida
	City Zip Code ^{, i} 1

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

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)- .

Title	<u>Name</u>		Address	Type of Action
WGR .	Jake H. Wheeless		732 Lupine Lane	🗆 Add
			732 Lupine Lane Tallahassee, FL 32308	Remove
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Page 2 of 3

: D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan to 605:0207 (3)(b) <u>Note:</u> 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2016 Dated N Signature of a member or authorized representative of a member Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00