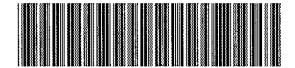
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(Requestor's Name)	
(Address)	****
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15 OCT 15 AM 91 52 SECRETARY OF STATE

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	PPJW, LLC	!		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		Peter Flores		
			Name of Person	
			Firm/Company	
		403 Idlewood Drive		
			Address	
		Ormond Beach, Fl 32176		
			City/State and Zip Code	
	•	peteridle@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	ali:	
Peter Fl	ores		386 2993633 at ()	
	Name of	Person	Arca Code Daytime	Telephone Number
Enclosed	d is a check for th	e 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

PPJW, LLC	.=		:
(Name of the Limited L (A F	lability Company as it forida Limited Liability	now appears on our records Company)	<u> </u>
The Articles of Organization for this Limited Liabil	lity Company were f	iled on 6/25/2015	and assigned
Florida document number L15000111155		e e	
This amendment is submitted to amend the following	ng:		,
A. If amending name, enter the new name of the	e limited liability co	mpany here:	1
The new name must be distinguishable and contain the words	"Limited Liability Com	pany," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		;
Enter new mailing address, if applicable:			
<u>(Mailing address MAY BE A POST OFFICE BO.</u>	<u>X)</u>		<u> </u>
B. If amending the registered agent and/or	registered office o	ddress on our records	s enter the name of the new
registered agent and/or the new registered office		duvess on our records	FG 35
			OC AH.
Name of New Registered Agent:			ASS T
New Registered Office Address:			5 A
		Enter Florida street addres	FLORRI 57
_	C		ZipCode

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 Title Type of Action Name **Address** Janet M Vigilante 139 Fairway Ten Drive Casselberry **AMBR** □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Remove □ Change □ Add □ Remove _□ Change

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	AS#	
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		9 6
Note: If the	date, if other than the date of filing:	ant to 605.02 tot be listed
the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the third day after the record is filed.	ne earlier
Dated	/12/2015	
Dated	NA OAL	!
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00