## L16 0000 65680

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K.SALY EXAMINER JUN 29

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CLIDI	JWylene De	esigns, LLC		
SUBJ	ECT:	Name of Limite	ed Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please	return all correspo	ndence concerning this matter to	the following:	
		Jennifer P. Heidgerken		
			Name of Person	
		JWylene Designs, LLC		
			Firm/Company	
		2220 County Rd. 210 West,	Suite 108, Box 245	
			Address	
		Jacksonville, FL 32259		
			City/State and Zip Code	
		jennifer@jwylenedesigns.con		<u></u>
		E-mail address: (to	be used for future annual report notifi-	cation)
For fu	rther information co	oncerning this matter, please call	1:	
Jennif	er Heidgerken		954 815-8177 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	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

FILED
2016 JUN 28 AM II: 38

JWylene Designs, LLC

( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	S. CAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability		and assigned
Florida document number L16000065680	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
J.Wylene Designs, LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	vistered office address on our record	s, enter the name of the ne
registered agent and/or the new registered office ad		-,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	īS .
	, Fl	orida
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen	it and agree to act in this capacity. I fu	rther agree to comply with th

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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			☐ Change
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			Add FILLAHASSEF, LORIDA Add Add
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	F.F.S. II.
Note: If	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier or poth day after the record is filed.
Dated	427/16
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00