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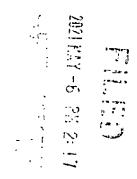
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## **COVER LETTER**

TO: Registration S Division of Co			
GMM Dis	count, LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	amistad for filing	
	ondence concerning this matter	_	
r tease return an correspo	ondence concerning this matter	to the following:	
	Michael Danhour		
		Name of Person	
	GMM Discount, LLC		
		Firm/Company	
	5985 Richard St, Suite 2		2021 HAY -6
	· <del>-</del>	Address	
	Jacksonville, FL 32216		
	·	City/State and Zip Code	12:17 FE
	michael@shopjandw.com E-mail address: (	to be used for future annual report not	itication
For further information c	concerning this matter, please c	·	
Michael Danhour		904 234-1047	
Name o	f Person		ne Telephone Number
Enclosed is a check for t	ne 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 Addres Registration 9		Street Address:	ation
Division of C	orporations	Registration Se Division of Co	
P.O. Box 632 Tallahassee, 1		The Centre of 1	fallahassee e Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GMM Discount, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/13/2017 and assigned Florida document number 1.17000034511 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: J&W Family of Brands, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address Florida City

## 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>	Type of Action
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Filing Fee: \$25.00