

218000157965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

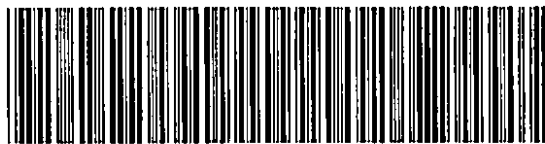
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 16 AM 10:03

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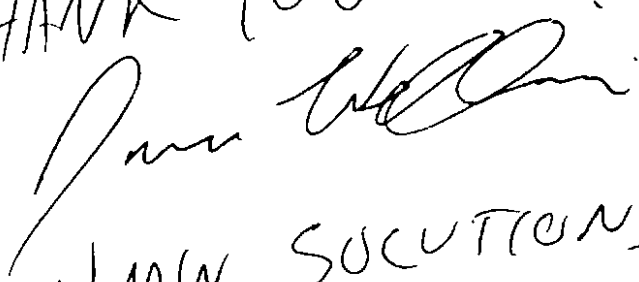
AUG 22 2018

NEEDED TO FILL IN AUTHORIZED PERSONEL
SECTION FOR JMW SOLUTIONS LLC.

NEED IT DONE TO OPEN BANK
ACCOUNT.

MUST HAVE MISSED IT ON APPCKATO.

THANK YOU



JMW SOLUTIONS LLC

850 543 9971

jasonmwilliams@gmail.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMW SOLUTIONS 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:

JASON M WILLIAMS
Name of Person

JMW SOLUTIONS LLC
Firm/Company

1987 BLANKENSHIP RD.
Address

NAVARRE FL 32566
City/State and Zip Code

Jasonmwilliams@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON M WILLIAMS at (850) 543 9971
Name of Person Area Code Daytime Telephone Number

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) ☐ \$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**

JMW SOLUTIONS 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 JUNE 27, 2018 and assigned Florida document number 618000157965

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)

1987 BLANKENSHIP RD
NAVARRE FL 32566

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1987 BLANKENSHIP RD
NAVARRE FL 32566

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip

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DIVISION OF CORPORATIONS
18 AUG 16 AM 10:09

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

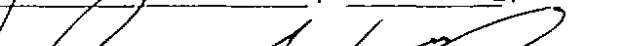
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER MGR	JASON M WILLIAMS	1987 BLANKENSHIP RD NAVARRE FL 32566	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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18 AUG 16 AM 10:03

SECRETARY OF STATE
DIVISION OF CONSTITUTION
18 AUG 16 AM 10:03

(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.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 8/9/2018

 Signature of a member or authorized representative of a member
JASON M WILLIAMS
 Typed or printed name of signer