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(1	Requestor's Name)	
(/	Address)	.
(,	Address)	
(City/State/Zip/Phone #)	
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Amend

FEB 1 6 2019

I ALBRITTON

COVER LETTER

Division of Corp	porations		
JOSH B. W	ILSON MANAGEMENT, LL	c ⁱ	
		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	David R. Mains, Paralegal		
		Name of Person	
	KARLSON LAW GROUP	P. P.A.	
		Firm/Company	
	301 Dal Hall Boulevard		
		Address	
	Lake Placid, FL 33852		
		City/State and Zip Code	
	info@karlsonlaw.com E-mail address: (to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca		
David R. Mains, Paralega		863 465-5033 at ()	
Name of	Person	at () Area Code Daytime	Telephone Number
nclosed is a check for the	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:

TO:

Registration Section

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

JOSH B. W	ILSON MANAGEMENT, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>ls.</u>)
he Articles of Organization for this Limited Liability Co	ompany were filed on October 24, 2018	and assigned
lorida document number L18000249870	~·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	<u></u>	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		201
If amending the registered agent and/or regist		s, enter the name of the
sistered agent and/or the new registered office addr	ess here:	¥ 0
		2: 1
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addres	is .
	Flo	orida
	City	Zip Code

Registered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ny has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MUR	Josh B. Wilson	402 NW 4th Street Okeechobee, FL 34972	Add
			■ Remove
			☐ Change
MGR	Josh B. Wilson, Inc.	402 NW 4th Street Okeechobee, FL 34972	■ Add
			□ Remove
			
	·		
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
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iTe :	ve date, if other than the date of filing:
e e	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
1_	February 4th 2019
	Signature of a member or authorized representative of a member
	Significate of a member of authorized representative of a member
	Josh B. Wilson, Manager

Page 3 of 3

Filing Fee: \$25.00