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10/04/23--01030--001 **25.00

COVER LETTER

TO: Registration Se Division of Cor	porations	· •	
SUBJECT: JW W	JC LLC Name of Lim		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joyce.	ANN WARD Name of Person	
-		F:rm/Company	
		L C Address	- <u>-</u> -
	1680 Fruituille	Rel Sanasota TL City/State and Zip Code	34336
		o be used for future annual report notit	
For further information c	oncerning this matter, please ca	all:	
JOYCE WAR	f Person	at (<u>94 (</u>) <u>539 ~</u> Area Code Daytime	2846 Telephone Number
Enclosed is a check for th	ne following amount:		
文 \$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		Street Address:	a:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JWWC, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 4.9000028	were filed on $\frac{1/24/19}{5}$ and assign	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
JW Media Production"	LLC "	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.	<u>C.</u> "
Enter new principal offices address, if applicable:	1680 Fruituille Rd #514 Sarasota, Florida 3433	
(Principal office address MUST BE A STREET ADDRESS)	Sarasota Florida 3433	\bigcirc
.		
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new	registered
The second secon	÷	
Name of New Registered Agent:	:	
N. D. C. LOSS ALL		•
New Registered Office Address:	Enter Florida street address	
	. Florida	
- 	Cuy Zip Code	

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.

0

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MANGEZ	Jayce ANN WARD	1680 Fruituille Rd #514	🗀 Add
	AMBR	Sarasota Floris C	□Remove
			©Change
·	.	<u></u>	□Add
			□Remove
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			□Add
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). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ive date, if other than the date of filing: (0ct 30, 2023) (optional) decive 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)0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the recor ecord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	JOYCE ANN WTIRD Typed or printed name of signee

Filing Fee: \$25.00