L19000141429

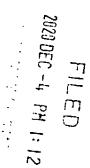
| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, Fl. 32314

| Division of Co | rporations | | | | |
|--------------------------------------|---|---|--|--|--|
| | vestments, LLC | | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | | | |
| | ondence concerning this matter | _ | | | |
| | Sydney Oudi | | | | |
| | Name of Person | | | | |
| | Mayhugh Commercial Management, LLC Firm/Company | | | | |
| | | | | | |
| | 13690 Eagle Ridge Dr. | | | | |
| | Address | | | | |
| | Fort Myers, Fl. 33912 | | | | |
| | City/State and Zip Code sydney@mayhughcommercial.com | | | | |
| | | | | | |
| | E-mail address: (| to be used for future annual report not | ification) | | |
| For further information | concerning this matter, please c | all: | | | |
| Sydney Oudi | | 239 278-4945 | | | |
| Name o | of Person | at ()Area Code Daytin | ne Telephone Number | | |
| Enclosed is a check for t | he 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) | | |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Se | ection | | |
| Division of C | | Division of Co | | | |
| P.O. Box 6327 | | The Centre of | • | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JWMG Investments, LLC | | |
|--|--|--|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number 1.19000141429 | and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 9740 NW 48th Dr. | 202 |
| Principal office address MUST BE A STREET ADDRESS) | Coral Springs, FL 33076 | 10 DEC |
| | | - : :: <u>- : : : : : : : : : : : : : : : </u> |
| | | |
| Enter new mailing address, if applicable: | 1213 Winding Creek Pl. | PH PH |
| (Mailing address MAY BE A POST OFFICE BOX) | Louisville, KY 40245 | ** |
| | | 13 |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | address on our records, enter the na | ime of the new regis |
| | . Florida | |
| | City | 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.

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 |
|------------------------------|----------------------------|-------------------------|-----------------|
| MGR | John William Gardner Trust | 4001 NW 94th Ter. | |
| | | Coral Springs, FL 33065 | ≡ Remove |
| | | | □ Change |
| MGR Karen Gwen Gardner Trust | Karen Gwen Gardner Trust | 4001 NW 94th Ter. | □Add |
| | | Coral Springs, FL 33065 | ■Remove |
| | | | |
| MGR | Lauren Gwen Schultz | 1213 Winding Creek Pl. | = ₩dd |
| | | Louisville, KY 40245 | Remove |
| | | | |
| MGR | Scott Matthew Gardner | 9740 NW 48th Dr. | — ట ≣Add |
| | | Coral Springs, FL 33076 | |
| | | | Change |
| | | | □Add |
| | | | □Remove |
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| ffective date, if other than the date of filing: | (optional) |
| an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable statu | filing or more than 90 days after filing.) Pursuant to 605.020 |
| ocument's effective date on the Department of State's records. | and the second s |
| | |
| record specifies a delayed effective date, but not an effective time, at 12 is filed. | 2:01 a.m. on the earlier of: (b) The 90th day after the |
| November B 25 2020 | |
| ated November 12 25 2020 | |
| Fallen S. Schulter | |
| () Signature of a member of authorized repr | resentative of a member |
| | |

Filing Fee: \$25.00