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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BUSINESS SOLUTIONS & ACCOUNTING LLC

Account Number : I20210000168 Phone

: (407)203-8576

Fax Number

: (407)203-8576

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: into a bsationida com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JWA RENOVATION GROUP LLC

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TO: Registration Section Division of Corporations JWA RENOVATION GROUP LLC SUBJECT: _____ 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: WALTER CASTRO Name of Person JWA RENOVATION GROUP LLC Firm/Company 8810 COMMODITY CIR SUITE 16 Address ORLANDO, FL City/State and Zip Code ACCOUNTS@JWARENOVATIONGROUP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WALTER CASTRO Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2022 JAN 28 FM 5: 0:

JWA RENOVATION GROUP 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 02/03/2020 and assigned Florida document number L20000093852 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 "LLC." 8810 COMMODITY CIR SUITE 16 Enter new principal offices address, if applicable: ORLANDO, FL 32819 (Principal office address MUST BE A STREET ADDRESS) 8810 COMMODITY CIR SUITE 16 Enter new mailing address, if applicable: ORLANDO, FL 32819 (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: WALTER CASTRO Name of New Registered Agent: 8810 COMMODITY CIR SUITE 16 New Registered Office Address:

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 camply 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.

ORLANO

Enter Florida street address

, Florida ³²⁸¹⁹
Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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	Signature of a member or au	thorized representative	of a memb er		