



Florida Department of State

Division of Corporations

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To:

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: _____

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

Certificate of Status	0
Certified Copy	0
Page Count	04
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FEB 04 2022

T. LEMIEUX

COVER LETTER

" H 22000043463 "

TO: **Registration Section**
Division of Corporations

SUBJECT: **JWA RENOVATION GROUP 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:

WALTER CASTRO

Name of Person

JWA RENOVATION GROUP LLC

Firm/Company

8810 COMMODITY CIR SUITE 16C

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

904 651-1760
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

" H20000434633 "

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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 L20000038852.

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:

8810 COMMODITY CIR SUITE 16C

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32819

Enter new mailing address, if applicable:

8810 COMMODITY CIR SUITE 16C

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32819

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:

WALTER CASTRO

New Registered Office Address:

8810 COMMODITY CIR SUITE 16C

Enter Florida street address

ORLANDO

City

Florida

32819

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 Changing Registered Agent, Signature of New Registered Agent

" H220000434633 "

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

" H 220000434633 "

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

CHANGE THE PRINCIPAL ADDRESS.

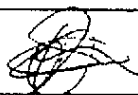
CHANGE THE MAILING ADDRESS.

CHANGE THE REGISTERED ADDRESS.

- E. Effective date, if other than the date of filing:** 01-28-2022 **(optional)**
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 01-28, 2022



Signature of a member or authorized representative of a member

WALTER CASTRO

Typed or printed name of signee