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| (Re | questor's Name) | <u></u> |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| TO: Registration Se Division of Cor | | | |
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| JWES, LLC | • | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
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| | Amendment and fee(s) are sub | | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Juan F Estades | | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 2710 Estep Ct | | |
| | | Address | |
| | Ocoee, Fl 34761 | | |
| | | City/State and Zip Code | , |
| | jfestades@gmail.com | | 6.12 |
| For further information e | n-mail address: (oncerning this matter, please o | to be used for future annual report not all: | ineation) |
| Juan F Estades | | 407 716-9440 | |
| Name o | f Person | at () Area Code Daytin | ne Telephone Number |
| Enclosed is a check for th | ne 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 | | Street Address: | ation. |
| Registration 5 Division of C | | Registration Sc Division of Co | |
| P.O. Box 632 | .7 | The Centre of | Fallahassee |
| Tallahassee, l | FL 32314 | 2415 N. Monro | be Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2026 13 79 7:53

JWES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A Florida Limit | ed Liability Company) | | |
|---|-----------------------------|----------------------------|-----------------------|
| The Articles of Organization for this Limited Liability Compa Florida document number $\frac{1.20000117222}{1.20000117222}$ | my were filed on April 3 | 80, 2020 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited li | iability company here: | | |
| The new name must be distinguishable and contain the words "Limited Li | ability Company," the desig | nation "LLC" or the abbi | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered office and/or the new registered office address here: | ce address on our reco | rds, <u>enter the name</u> | of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida . | street address | |
| | | , Florida | Zip Code |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Registered Age | nt: | | |

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> | Address | Type of Action |
|--------------|-------------------------|------------------------------|----------------|
| | Juan Estades | | |
| | | | ≣Remove |
| | | | [] Change |
| AMBR | MILLENNIUM TRUST COMPAN | 2001 Spring Road, Suite 700, | ≣ Add |
| | | Oak Brook, IL, 60523 | □Remove |
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| fective date, if other than the | data of fillians | | | (antional) | |
| fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Document. | ock does not meet t | the applicable st | of filing or more that atutory filing requ | nn 90 days after filing. nirements, this date |) Pursuant to 605.0207 will not be listed as |
| ecord specifies a delayed effectiv is filed. | e date, but not an e | ffective time, at | 12:01 a.m. on the | earlier of: (b) Th | e 90th day after the |
| May 9 | 20 | 20 | | | |
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| | Signature of a nleinh | | | | |

Filing Fee: \$25.00