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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
- (Bu	siness Entity Nam	ne)
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(Do	cument Number)	<u>.</u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2021 SEP 20 PH 3: 22 SECRETARY OF SHAP

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mulligans of JCW Enterprises, 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:
James C. Willover
Mulligan's Grille of P.O
3830 S. Nova Rd Ste B-1
Port Orange Fe 32127 City/State and Lip Code
E-radi address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & Certificate of Status

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 SEP 20 PM 3: 22

SECRETARY OF STATE

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida sircei address

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 Title Name Address Type of Action New Sayrna Beach, Fl. 32168 XAdd James C. Willover MOR □Remove AMBR Junes C. Willover JR 458 Venction Villa Dr, NSB, FR, 32168 _____ □Remove _____ Change _____ □Remove ______ □Change ____ □Remove

______ □Add

_____ □Remove

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		J	12/21		
Effective d	ate, if other than the date date is listed, the date must be	are or miniz,		option (option) days after f	nal) ling.) Pursuant to 605 0207 (
Note: If th	edate inserted in this block effective date on the Depa	k does not meet the ap	plicable statutory filir	ng requirements, this	date will not be listed as t
	and a second of	ate, but not an effectiv	'e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
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Filing Fee: \$25.00