L21000290912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

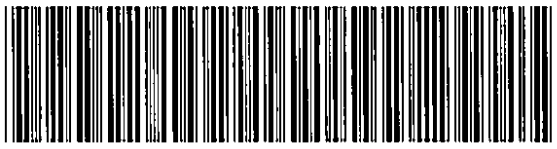
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Name file in error

Office Use Only

JUN 29 2021

T SCOTT



700361894247

FILED
2021 JUN 29 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER ATTN Tyrone Scott

TO: Registration Section
Division of Corporations

SUBJECT: LJW Industries 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:

Urania L Barraza
Name of Person

Firm/Company

3145 Crooked Cay Ct
Address

Lake Worth, FL 33462
City/State and Zip Code

lizethbarraza72@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Urania L. Barraza at (407) 952-5707
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

J.W Industries 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 6/23/21 and assigned Florida document number L21000290912

The amendment is approved to amend the following:

A. If amending name, enter the new name of the limited liability company here:

J.W Industries LLC

Enter new principal office 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)

FILED
2021 JUN 29 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address: (enter Florida street address)

, 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 relating 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 for the purpose of changing 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

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
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

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

E. **Effective date, if other than the date of filing:** _____ **(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 s. 605.0207, F.S.

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 _____ day after the record is filed.

Dated 6/24/21

Urania L. Barraza
Signature of a member or authorized representative of a member

Urania L. Barraza
Typed or printed name of signee

Filing Fee: $25.00