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	(Requestor's Name)	
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	(Business Entity Nan	ne)
	(Document Number)	
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2022 OCT 14 AM 11: 35 SECKLAND Y OF STATE

cy 118/2023

COVER LETTER

TO: Registration Sec Division of Corp			
subject: FRC	ag Direct	iled Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	_Jennifer	\wedge	1
		Firm/Company	
	4811 SpR	ringwater Circ	le
	Melbourne	FL 32940 City/State and Zip Code	
	JWChole E-mail address: (1	dings IIC @ ama	il.Com_
For further information co	ncerning this matter, please ca	all:	
Jenniter Col	interman Person	at (<u>561</u>) <u>373</u> — Area Code Daytime	84-22 Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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 Se	ection	Street Address: Registration Sec	
Division of Co P.O. Box 6327		Division of Corp The Centre of Ta	

Tallahassee. FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Frag D	irent LLC	2022 OCT 14 AM 11: 35
(Name of the Limited)	Liability Company as it now appears on our re	ecords.) SEORE AND TOTAL
(A	Liability Company as it now appears on our re Florida Limited Liability Company)	TALLAHASSEE, EL
The Articles of Organization for this Limited Liab	ility Company were filed on 1113	and assigned
Florida document number <u>L 2200002</u>		
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
JJWC Holdin	ias, LLC	
The new name must be distinguishable and contain the word	s "Lamited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	(Y)	
Maning dadress MAT BE AT 051 01 TICL BO		
		
B. If amending the registered agent and/or regi	stared office address on our records as	ntar the name of the new registers
agent and/or the new registered office address h		inter the name of the new registered
Name of New Registered Agent:		
Name or New Registered Agent.		
New Registered Office Address:		
	Enter Florida street a	ddress
_		Florida
	City	Zin 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

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
			□Add
			□Remove
			□Add
			□Remove
		_	□Change
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
<u>-</u>			□Add
			□Remove
			□Change

Page 2 of 3

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•	
(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member