## L22000090737

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T. MATTHEWS

MAR 2 1 2022

## **COVER LETTER**

Division of Co		•	
SUBJECT: James G W	/eaver LLC		, w
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	James G Weaver		
	<del></del>	Name of Person	
	James G Weaver LLC		
	<del></del>	Firm/Company	
	257 Lincolnshire Rd		
		Address	
	Winter Park FL. 32792		
		City/State and Zip Code	
	jgweaver236@gmail.com	16.6	-
For further information of	e-mail address; (	to be used for future annual report n	otification)
	oncerning this matter, prease e		
James G Weaver		407 501-1758 at ()	
Name o	of Person	Area Code Days	time Telephone Number
Enclosed is a check for t	he 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 Statu Certified Copy (additional copy is encl
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration S Division of C The Centre of	orporations Tallahassee
Tallahassee,	FL 32314	2415 N. Mon Tallahassee, I	roe Street, Suite 810 FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

James G Weaver LLC

22 KAS 14 PA12: 36

(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 January 31 2022 \_\_\_ and assigned Florida document number <u>L22000090737</u> 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 "L.L.C." or the abbreviation "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 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

## 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>	Name	Address	Type of Action
Prs	James G Weaver	257 Lincolnshire Rd Winter Park FL 32792	≣Add
			□Remove
			Change
			□Add
			□Remove
			□Change
	<del></del>	□Add	
	7-1	□Remove	
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		<u> </u>	□Change

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Effective date	, if other than the date of filing: (optional)
Note: If the da	e 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 te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ective date on the Department of State's records.
e record specified is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March № 09 ; 2022
	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
-	Signature of a member or authorized representative of a member
	James G Weaver

Typed or printed name of signee