L23000193410

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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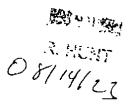




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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	5 W Operations Name of Limit	ted Liability Company		
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter to	o the following:		
	Jerome Willia	MS LOTHO JONES	<u> </u>	
	JSW Opera	Hichs LLC Firm/Company	·	700 100 100
	1573 SE	Holiday Rd	· · · · · · · · · · · · · · · · · · ·	
	Pert St Lu	City/State and Zip Code	34952	AH 6: 00
<u> </u>	J.S Woperat	ONSO OUTOCO	fication)	
For further information conc	erning this matter, please ca	II:		
Jecome Wil	Mams jr	at Area Code Daytim	1377 e Telephone Number	
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Copy (additional copy	f Status & py

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

JSW Oper	rations LLC		
(Name of the Limited Liabi	ility Company as it now appears on da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L23000193410</u>	Company were filed on	19123	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designa	ation "LLC" or the abbra	eviation "L.L.C."
Enter new principal offices address, if applicable:			73 73
(Principal office address MUST BE A STREET ADD	ORESS)	<u>.</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		mon mon	AH 6: 0
B. If amending the registered agent and/or register agent and/or the new registered office address here:		ds, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet 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 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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lorna Jones	1573 SE Holiday Rd	ØAdd
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record specifies is filed.	a delayed effectiv	e date, but not a	n effective	time, at 12	2:01 a.m.	on the ear	lier of: (l	o) The	90th day a	ifter the
ated	08/08	X/2013		··		(O)	,			
4	Jerome Frome S	Williams Signature of a mi			<i>E</i> C	XI	No.	<u> </u>		
		Signature of a lik	ember or aut	thorized rep	resentative	oi azinem	OCI			