

L23000199130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

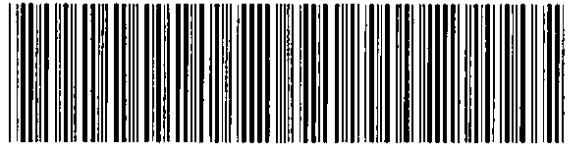
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200409737682

U.S. DEPARTMENT OF COMMERCE

200409737682

11:19:57

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JWW OF COLLIER COUNTY, 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:

AMANDA LEIGH GOODMAN

Name of Person

GOODMAN & BREEN, P.A.

Firm/Company

3838 TAMiami TRAIL N, SUITE 300

Address

NAPLES, FL 34103

City/State and Zip Code

gbannual@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BREANNA M. CANNING

239

403-3000

at (_____) _____

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

2008 JUN -5 PM 9:57

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KENNETH D. GOODMAN	3838 TAMiami TRAIL N	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		NAPLES, FL 34103	<input type="checkbox"/> Change
MGR	TODD V. CHAFFEE	1029 WEST STATE BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE A	<input type="checkbox"/> Remove
		FORT WAYNE, IN 46808	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 605.0207 (3)(b)

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 earlier of:

(b) The 90th day after the record is filed.

Dated May 31, 2023

Signature of a member or authorized representative of a member

KENNETH D. GOODMAN, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Ms. A. 9. 57