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## **COVER LETTER**

TO: Registration Sec Division of Corp			
	BLERS, LLC, A FLORIDA I	LIMITED LIABILITY COMPANY	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are subsidence concerning this matter		
	WALTER L. MORGAN		
		Name of Person	
	MORGAN, OLSEN & OL	SEN, LLP	
		Firm/Company	
	633 S. FEDERAL HIGHW	VAY, SUITE 400A	
		Address	<del></del>
	FORT LAUDERDALE, F	EORIDA 33301	
		City/State and Zip Code	
	EThompson@fltranserv.cor E-mail address: (	m to be used for future annual report notification	
For further information co	ncerning this matter, please co		2023 DEC 18 SEGNALLANA
Walter L. Morgan		954 524-3111 at()	
Name of	Person	Area Code Daytime Telep	hone Number FL PL
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & E Certified Copy radditional copy is enclosed)	S60.00 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

JGGW COBBLERS, LLC, A FLORIDA LIMITED LIABILITY COMPANY (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 August 16, 2023 and assigned Florida document number <u>L.23000385313</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JGGW COBBLERS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: <del>..</del> 02 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.

City

\_, Florida \_

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>	Type of Action
MGRM	John C. Gorman, Jr.	720 N.E. 20th Avenue	□Add
	·	Fort Lauderdale, Florida 33304	□Remove
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Filing Fee: \$25.00