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A. BUTLER DEC 18 2023



COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	N Surety Same artimi	Services Little Company	LC
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Jamie	West	
		Name of Person	
	JW Sure	ety Services	LLC
	1053 NU	3 124th PL	
	Citra, PL	32113 City/State and Zip Code City/State and Q Q mo o be used for future annual report	icl. Com
For further information conc	erning this matter, please ca	II:	
Janie We Name of Pe	rson	at (<u>359</u>) <u>33</u> Area Code Day	1-327 D
Enclosed is a check for the f	ollowing amount:		
¥S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

				The State of the S
JN Surety Se	ervices, l	ic	2023 DEC 18	AMILLO
(Name of the Elmited L	iability Company	as it now appears on o	ur records.)	1 4 A
(,,,,	torica isimity isia	onny company)	The state of	ESTATE.
(A Florida Limited Liability Company) (A Florida Limited				
Florida document number <u>L230004503</u>	39 <i>Le.</i>			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liabili	ty company here:		
JW my bonds onen	0 : 110			
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designa	ition "LI.C" or the ab	breviation "L.L.C."
• • • • • • • • • • • • • • • • • • • •				
(Principal office address MUST BE A STREET A	DDRESS)			
				
bater new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	X)			
	<u> </u>			
				
B. If amending the registered agent and/or regis	tered office ad	drass on our racord	le antar tha num	a of the new registeres
agent and/or the new registered office address he	ere:	aress on our record	is, enter the main	e of the new registered
	_			
Marson & Marso David Storad Australia				
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida str	reet address	
			Florida	
-		Cuy	, FIOLIGA	Zip Code
New Registered Agent's Signature, if changing Regis	stered 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

Title	<u>Name</u>	Address	Type of Action
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ffective date	if other than the d						
'an effective date (ote: Af the da	, if other than the d e is listed, the date must be ite inserted in this bloc ective date on the Dep	be specific and early or k does not me	annot be prior to d	ate of filing or more statutory filing re	(optiona than 90 days after filit quirements, this da	u.) Pursuant to 605 020	07 (as t
record specific Lis filed	es a delayed effective	date, but not as	n effective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after th	e
ated <u>DeC</u>	ember 18	r L	<u> 2003</u> .				
	James	ignature of a me	mber or authorize	d representative of a	member	 	
	Jami						

Filing Fee: \$25.00