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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Registration Se Division of Cor			
end it	BJW, LLC			
SUBJEC	7r:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Stephen G. Wolfe		
			Name of Person	
		-	Firm/Company	
		5101 Highway 4		
		-	Address	
		Jay, Florida 32565		
		swolfe@panhandle.rr.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please ca	all:	
Stephen	G. Wolfe		850 336-0606 at ()	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	l is a check for tl	ne following amount:		
≘ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

BJW, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on (19/25/2024 and assigned
Florida document number L24000417114	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any 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)	20 L D
	# B
Enter new mailing address, if applicable:	750
(Mailing address MAY BE A POST OFFICE BOX)	8
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	ter Florida street address
1211	
City	, Florida 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 a 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Brenda Wolfe	5101 Highway 4, Jay, FL	□Add
			■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change

D. If amending any other info	manon, enter change(s) her	e. (Anden adamona snee	is, if necessary.)
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Note: If the date inserted in th	must be specific and cannot be prior	cable statutory filing requirer	(optional) (days after filing.) Pursuant to 605,020 ments, this date will not be listed as
f the record specifies a delayed effe ecord is filed.	ective date, but not an effective t	ime, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
Dated	2024		
	Stephen J	Oo He_	her
Stephen G Wolfe	organistic of a memoer of auth	ionized reprogentative of a ment	

Typed or printed name of signee