2400	0420579
(Requestor's Name) (Address)	200439214422
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	FILED 2024 NOV -7 AMIO: 34 TALLAHASSEE, FLORIDA
Certified Copies Certificates of Status	
Office Use Only	RE(17)VED 2024 NOV - 7 AH 10: 05 78 A - 10: 05 10: 05

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/07/2024

WALK IN

ENTITY NAME JWF Consulting, LLC

DOCUMENT NUMBER_

PLEASE FILE THE ATTACHED AND RETURN

XXXXXXXXXX	Plain Copy
	Certified Copy

Certificate of Status

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments Certificate of Good Standiny

APOSTILLE' / NOTARIAL CERTIFICATION

total owed \$25

ACCOUNT #: I20160000072

-5. 8 FM

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section Division of Corporations

JWF CONSULTING, LLC

SUBJECT:

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:

Jermaine Allen

Name of Person

Shutts & Bowen LLP

Firm Company

525 Okeechobee Blvd, Ste. 1100

Address

West Palm Beach, FL 33401

City State and Zip Code

Jallen@shutts.com

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

For further information concerning this matter, please call:

Jermaine Allen 561 650-8554 at (_____) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60,00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

JWF CONSULTING, LLC	2024 NOV -7 AM IO: 34
(<u>Name of the Limited Liability Compr</u> (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000420579</u>	were filed on 10:04/2024 TALLAHASSEE, FLORIDA
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>pility company here</u> :
J. W. Franks Consulting, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N'A
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	address on our records. <u>enter the name of the new registe</u>
Name of New Registered Agent: N/A	
New Registered Office Address:	

Enter Florida street address

_____, Florida ____

Zip Code

FILED

New Registered Agent's Signature, if changing Registered Agent:

٠,

.

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A	
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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.

November 6	2024	
Dated	·	
	Con This	
	Signature of a member or authorized representative of a member	
	JOHN FRANKS	
	Typed or printed name of signee	