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| (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: |
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COVER LETTER

| TO: Registration Section | |
|--|---|
| Division of Corporations | 1 (() |
| SUBJECT: JWBEEZ | |
| | ed Liability Company |
| | |
| The enclosed Articles of Amendment and fee(s) are subm | nitted for filing. |
| Please return all correspondence concerning this matter to | o the following: |
| | 1 |
| Jonath | ran Braldock |
| JWB | Name of Person EEZ CC |
| | Firm/Company |
| 8760 Pinnac | de Park Blvd # 1186 |
| | Address |
| Jacksonvi | 11 + 32256 ~ |
| Wheez 88 | City/State and Zip Code |
| E-mail address: (fd | b be used for future annual report notification) |
| For further information concerning this matter, please cal | ii: |
| Johathan Braddor & | a, 904, 563 4679 |
| Name of Person | Area Code Daytime Telephone Number |
| | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |
| | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

JWBEEZ OF LLC

(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 -7-4000 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C 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: Name of New Registered Agent: New Registered Office Address: Florida 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.

If Changing Begistered 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------------|--------------------------------|----------------------|
| P | Jonathan Braddock | 8760 Pinnacle Park B | TV Add |
| | | H 1186 Jacksonville Fl 3225 | _ □Remove 6 □Change |
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| ote: If the date i | other than the date of fi listed, the date must be specific inserted in this block does n ive date on the Department | ot meet the applicable statt | filing or more than 90 day story filing requirement | optional) s after filing.) Pursuant to 605.02 s, this date will not be listed a |
| record specifies a | a delayed effective date, but | not an effective time, at 12 | :01 a.m. on the earlier | of: (b) The 90th day after th |
| ated O | ober 24 | . 2024. | | |
| | Menature | of a member or authorized rep | resentative of a member | |
| | 17.5 | | | |

Filing Fee: \$25.00