## L24000473826

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## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** JWES INVESTMENTS 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: JAPTALIAN W EVANS SR. Name of Person JWES INVESTMENTS LLC Firm/Company 1418 SE MANTH LANE Address PORT SAINT LUCIE, FL 34983 City/State and Zip Code JWESINVESTMENTS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAPTALIAN W EVANS SR. Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy. (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## JWES INVESTMENTS 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 Lial	bility Company	were filed on NOV	EMBER 8TH, 2024	and assigned
Florida document number L24000473826				_ <b>U</b>
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here	:	
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the desi	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on our rec	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Floride	ı street address	
			, Florida	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing Real hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cities.	agent and agre and complete ered agent as p gistered office	performance of m rovided for in Ch	y duties, and I am fa apter 605, F.S. Or, if confirm that the limi	miliar with and this document is

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>	Address	Type of Action
MGR	JAPTALIAN W EVANS SR	1418 SE MANTH LANE	
		PORT SAINT LUCIE, FL 34983	□Remove
			Change
MGR	ZYEION EVANS	1418 SE MANTH LANE	□Add
		PORT SAINT LUCIE, FL 34983	□Remove
			<b>=</b> Change
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Effective dat	e, if other than the date is listed, the date must b	ate of filing: _	mot be prior to di	ate of filing or m	(0)	ptional)	uant ta 605 (	1207 (1
Note: If the	date inserted in this bloc ffective date on the Dep	k does not meet	the applicable	statutory filin	g requirements.	this date will i	not be listed	d as th
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