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2019 HAY 13 PM 4:56

C. GOLDEN MAY 2 8 2019

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: WISSIAMS	CONSTRUCTION	COMPANY, LL	-C
SUBJECT:	Name of Limited Li	ability Company	
The enclosed Articles of Amendme	nt and fee(s) are submitted	l for filing.	
Please return all correspondence co	ncerning this matter to the	following:	
	TIEFANY G	. WILLIAMS	
-		Name of Person	
,ب	LLIMMS CONST	enction comp	AN1, LC
		Firm/Company	<u> </u>
	P.O. BOX 3	Address	
	EAGLE LAK	E FL 33539 //State and Zip Code	<u> </u>
1.11F.			
<u> 1911</u>	E-mail address: (to be i	sed for future annual rep	ort notification)
For further information concerning	this matter, please call:		
			and the same
TIFFART C. WILLY Name of Person	4~5	_ at (<u>&&3</u>) <u>2°</u> Area Code	Daytime Telephone Number
			,
Enclosed is a check for the following	Ī	ess oo miina Eas e.	☑ \$60.00 Filing Fee,
	00 Filing Fee & rtificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &
MAILING ADD Registration Sect	ion	Registration	
Division of Corpo P.O. Box 6327 Tallahassee, FL 3		Clifton Buil	tive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 MAY 13 PM 4: 56 WILLIAMS CONSTRUCTION COMPANY, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ____ and assigned Florida document number LOBOOO49327 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 th 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

Page 1 of 3

		outhorized Person om our records:	n(s) authorized to mai	nage, enter the title, name, and address of each j	person being ado
	MGR = Mar AMBR = Aut	nager horized Member			
	<u>Title</u>	<u>Name</u>		Address	Type of Action
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(Se	CRETARY			BARTOW FL 33835	🗆 Remove
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Page 2 of 3

D. If amendi	ng any other info	rmation, enter change 	(s) here: (Attach additional sheets, if necessary.)
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Note: If the	ne date inserted in th	the date of filing: must be specific and canno his block does not meet th he Department of State's	tibe prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 e applicable statutory filing requirements, this date will not be listed as
If the record (b) The 90	l specifies a del th day after the	yed effective date, record is filed.	but not an effective time, at 12:01 a.m. on the earlier o
Dated	MAY	٤	019
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		TIFFANY G	u.u.nms
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