## L03000054055

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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations			
CURTIS TO	ODD WILLIAMSON TRUCK	ING, LLC		
SUBJECT:	ODD WILLIAMSON TRUCK Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	GASSETTE LORIENT			
	•	Name of Person		
	ELEXZA BUSINESS SOL	LUTIONS. L.I.C		
Firm/Con:pany				
	3919 SE LAKE WEIR AV	TE .		
		Address	·	
	OCALA, FL 34480			
		City/State and Zip Code		
	G.LORIENT@ELEXZAFI			
	E-mail address: (	to be used for future annual report noti	fication)	
For further information co	oncerning this matter, please ca	all:		
GASSETTE LORIENT		352 620-0150		
Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	<del></del>			
Mailing Addres Registration 8 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee c Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CURTIS TODD WILLIAMSON TRUCK	ING. LLC
(Name of the Limited Lia (A Flo	billity Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1.03000054055	y Company were filed on 12/17/2003 and and assigned.
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the I	imited liability company here:
CURTIS TODD WILLIAMSON TRUCKING LAWN A	ND TREES, LLC
The new name must be distinguishable and contain the words "I	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 AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	red office address on our records, <u>enter the name of the new registered</u>
agent and of the new registered office address her	<u>·</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zin 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 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 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

Title	Name	<u>Address</u>	Type of Action
MGRM	TODD C. WILLIAMSON	2894 MEADOW VIEW AVENUE	
		LARGO, FL 33771	☐Remove
		TITLE CHANGE	_
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coord specifies a delayed effect is filed.  ted APRIL 29	ive date, but not an effec	tive time, at 12:01 a	m. on the earlier of: (b)	The 90th day after the
is filed.			, .	2027 ALL
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<i>j</i>				H. ~ . ~
2/-				
Hassette _Gasset	Signature of a member of	r authorized represents	utive of a member	or STATE

Filing Fee: \$25.00