

# LO5000102224

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

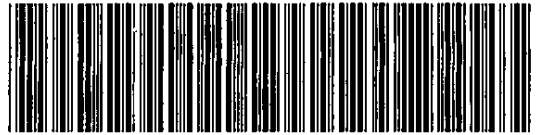
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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M. THOMAS

NOV 24 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Williamson LLC

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:

Lynnda Thomas

Name of Person

Williamson LLC

Firm/Company

P. O. Box 1283

Address

Anna Maria, FL 34216

City/State and Zip Code

JFThomasiii@gmail.com

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

For further information concerning this matter, please call:

Lynnda Thomas

Name of Person

at (941) 779-0026

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA  
TO  
ARTICLES OF ORGANIZATION  
OF

Williamson 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 10/18/2005 and assigned  
Florida document number LO5000102224.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2317 Grenoble DR.

Sun City Center FL

33573

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent name 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:

John F. Thomas, III

New Registered Office Address:

2317 Grenoble DR.

Enter Florida street address

Sun City Center

Florida

33573

Zip 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 600, F.S. If this document is  
being filed to merely reflect a change in the registered office address, hereby confirm that the limited liability  
company has been notified in writing of this change.

X [Signature] 11/17/09  
If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Lynnda W. Thomas	P.O. Box 1283 Anna Maria, FL 34916	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	John F. Thomas, II		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change ownership of Williamson LLC  
from: Lynnda Thomas to John F. Thomas, II.  
Please delete the name of Lynnda Thomas  
and add John F. Thomas, II.

Dated Nov. 13, 2009.

Lynnda W. Thomas  
Signature of a member or authorized representative of a member  
Lynnda W. Thomas  
Typed or printed name of signee