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T. CLINE NOV 2 9 2010 EXAMINER

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Г:	Willis Cons	struction Group IIc	
			ted Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sul	omitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
			Name of Person	
Willis Construction Group IIc				
			Firm/Company	
451			4512 S Cameron Ave	
			Tampa, FL 33611 City/State and Zip Code	
		willisc	onstruction@hotmail.com	
For furthe	r information co	E-mail address: (oncerning this matter, please o	to be used for future annual report not call:	ification)
		Bill Willis	at(813)	361-7238
	Name of			ne Telenhone Number
Enclosed i	is a check for th	e following amount:		20 110 NOV 2
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Section Division of Corporation Building 2661 Executive Country Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Will	is Construction Group II	C			
(Name of the Limited I	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)		_	
The Articles of Organization for this Limited Lia		11/22/2006	and	assign	ed
Florida document numberL060001127	<u>783 </u>				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of the	the limited liability company he	<u>re</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "LL	.C" or 1	the abbi	reviation
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
	•				
Enter new mailing address, if applicable:					<u></u>
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>				
			上沒	229	
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter the	e: nam	C	he new
registered agent and/or the new registered on				12 A	Participa de
Name of New Registered Agent:	 		(1) ₍₂₎	38m	<u>(17</u>)
New Registered Office Address:			- A	<u>2</u>	
	En	ter Florida street addre	SS.	20	
	City	, Florida	Zip C	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	William P. Willis	4512 S. Cameron Ave Tampa, FL 33611	Add Remove
MGRM_	David W. Willis	7315 Ash Street Zephyrhills, FL 33541	Add Remove
			Domestic
			Add Remove
			(7D
<u>.</u>			Add
D. If amend	ing any other information,	enter change(s) here: (Attach additional sheets, if	
			20 MINOV 21
	Name to a 200		24 M 9: 52
Dated	November 22	-, <u>2010</u> Di Mini	
	Signature	of a Knember or Wuthorized representative of a member William P. Willis	
		Typed or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00