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(Rea	uestor's Name)	
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PICK-UP	MAIT	MAIL
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EXAMINER



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COVER LETTER

TO: Registration Division of	n Section Corporations	,	
CLIP IN COR	FRV	V ENT. LLC	
SUBJECT:		ited Liability Company	•
	s of Amendment and fee(s) are sul		
Please return all corre	espondence concerning this matter	r to the following:	
		Eric R. Williams	
		Name of Person	
	ERIC	R WILLIAMS TRUCKING	***
		Firm/Company	
		3709 E. Crenshaw St.	
		Address	
		Tampa, FL. 33604	
		City/State and Zip Code	
	E-mail address: (ceirriec3@msn.com to be used for future annual report notifica	tion)
For further information	on concerning this matter, please	·	,
	Eric R. Williams		95-4737
Nar	me of Person	Area Code & Daytime 7	Felephone Number
Enclosed is a check f	for the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	AILING ADDRESS: gistration Section vision of Corporations	STREET/COURIE Registration Section Division of Corporati	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ERW ENT. LLC				
(<u>Name of the Limite</u> (d Liability Company as it now ap A Florida Limited Liability Compa	pears on our records.) ny)			
The Articles of Organization for this Limited I Florida document numberL0800008		September 3, 200	8 and ass	signed	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name (of the limited liability company	here:			
ERIC	R WILLIAMS TRUCKING	, LLC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Co	ompany," the designation "	LLC" or the	abbreviation	
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)		0	ÀÌŪ	
			9	25.0	
	·		=======================================	145 645	
Enter new mailing address, if applicable:			29		
			7		
(Mailing address MAY BE A POST OFFICE BOX)		P# 12:			
			- '.? 		
			7	C.	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>enter</u>	the name o	of the new	
Name of New Registered Agent:	Eric R. Williams				
New Registered Office Address:	3709 E. Crenshaw St.				
		Enter Florida street add	dress		
	Tampa	, Florida	3360	4	
	City		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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>le</u>	<u>Name</u>	Address	Type of Actio
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	···		AddRemove
If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			- -
			_
ed <u>5</u> e	ptember 26, 20		-
	Eni R.W	or authorized representative of a member	
	Signature of a member Ear R. W	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00