

**L09000062348**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

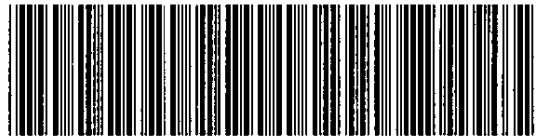
\_\_\_\_\_  
(Business Entity Name)

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

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**FILED**

2009 JUL 16 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

JUL 17 2009

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2009

JAMES WILLIAMSON  
6656 HARTLAND ST.  
FORT MYERS, FL 33966

SUBJECT: JAMES WILLIAMSON A/C & APPLIANCES, LLC  
Ref. Number: L09000062348

We have received your document for JAMES WILLIAMSON A/C & APPLIANCES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 609A00023706

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAMES WILLIAMSON A/K/A AND APPLIANCES 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:

JAMES WILLIAMSON  
Name of Person

T  
Firm/Company

6656 HARTLAND ST  
Address

FORT MYERS, FL 33966  
City/State and Zip Code

JVW1JW@EMBARGMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES WILLIAMSON at (239) 222-1780  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2009 JUL 16 PM 3:01

James Williamson A/C & Appliance LLC SECRETARY OF STATE  
(Name of the Limited Liability Company as it now appears on our records) TALLAHASSEE, FLORIDA  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 26/09 and assigned  
Florida document number L09000062348.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JAMES WILLIAMSON MAINTENANCE SERVICES LLC  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation  
"LLC."

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 new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
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1b. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

  
 Signature of a member or authorized representative of a member  
 James Williamson  
 Typed or printed name of signee

FILED  
 2009 JUL 16 PM 3:01  
 SECRETARY OF STATE  
 TALAHASSEE, FLORIDA