# L10000010943

·				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



900194735619

02/22/11--01005--018 \*\*25.00

HILED

11 FEB 22 PM 1: 35

SECRETARY OF STATE

J. BRYAN

FEB 23 2011

**EXAMINER** 

# **COVER LETTER**

Division of Co				
SUBJECT: WI	LLIAMS CAULKING	AND WATERPROOF	ING LLC	
30 <b>50</b> 500		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	condence concerning this matter	r to the following:		
	K	KERRISHA WILLIAMS		
Name of Person				福车
		Firm/Company		FILL PH 1: 35 1 FEB 22 PM 1: 35 SECRETARY OF STATE
£		632 AXIOM AVENUE		PA I
		Address		: 35
		ORLANDO, FL 32839		**
	KE	City/State and Zip Code ERRY422@LIVE.COM		
	E-mail address: (	to be used for future annual report not	ification)	
For further information	concerning this matter, please of	call:		
	RISHA WILLIAMS	at (_407_)	267-4153	
Name	of Person	Area Code & Dayti	me 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 enclose	ed) Certified	te of Status &
MAILING ADDRESS:		STREET/COUR	RIER ADDRESS:	

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**

### WILLIAMS CAULKING AND WATERPROOFING LLC

. ARI	ICLES OF AMENDMEN	<b>1</b> 1			
	ТО		10 15 1		
ARTI	CLES OF ORGANIZAT	ION	FLANDSSEE, FLOTE		
	OF				
			がらる		
WILLIAMS CAU	ILKING AND WATERPR	OOFING LLC	3 2 O		
	Liability Company as it now appea Florida Limited Liability Company)		400		
(A	Florida Limited Liability Company)		المن المنظمة		
The Articles of Organization for this Limited Li	ishility Compony were filed on	01/29/10	and assemed		
_		01/20/10	and assigned		
Florida document numberL10000010	<u> 1943                                    </u>				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :			
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Compa	any," the designation '	'LLC" or the abbreviation		
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)		· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE)	<u></u>				
	•				
B. If amending the registered agent and/o		our records, <u>enter</u>	the name of the new		
registered agent and/or the new registered of	fice address here:				
Name of New Registered Agent:	KERRISHA WILLIAMS				
	FCCC AVION AVENUE				
New Registered Office Address:	5632 AXIOM AVENUE  Enter Florida street address				
	Enier Fioriaa sireei aaaress				
	ORLANDO	, Florida	32839		
	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 MGRM = Managing Member **Title** Name Address **Type of Action** MGR KERRISHA WILLIAMS **5632 AXIOM AVENUE** ✓ Add Remove ORI ANDO, FL 32839 MGR JOSEPH H WILLIAMS 5632 AXIOM AVENUE ☐ Add ORLANDO, FL 32839 ∇ Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Dated JANVARY 26 

Typed or printed name of signee

YERRSHA WILLIAMS

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00