1110000029663

| (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: |
| A. LUNT |
| MAY - 6 2010 |

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EXAMINER



300204793553

05/03/11--01019--007 **25.00

1011 MAY -3 PM 1: 44 SECKLIGRY OF STATE ALLAHASSEE, FLORIES

COVER LETTER

| TO: Registration S Division of Co | | |
|-----------------------------------|--|----------------------------------|
| SUBJECT:M(| CWilliams Communications, LLC Name of Limited Liability Company | |
| | | |
| The enclosed Articles of | of Amendment and fee(s) are submitted for filing. | |
| Please return all corresp | pondence concerning this matter to the following: | |
| | Derek Mc Williams Name of Person | |
| | · | • |
| | Finn/Company | |
| | 11 Lake Tsle Way | |
| | Aguitus A. C. S. | |
| | Ormand Beach, FL 32174 City/State and Zip Code | |
| | City/State and Zip Code | Cut toda No. |
| | McWilliams - devek Ryahoo. com E-mail address: (to be used for future ginnual report notification) | Law Marrish |
| | | |
| For further information | concerning this matter, please call: | Takangan Takangan Takangan |
| | The state of the s | |
| Name | at (| |
| | ; | |
| Enclosed is a check for | the following amount: | |
| \$25.00 Filing Fee | S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

| McWilliams Com | nunications | , LLC | |
|---|---|--|--|
| (Name of the Limited Elability (A Florida L | Company as it now appears imited Liability Company) | <u>ón our records.</u>) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on | arch 10, 2011 and assigned | |
| Florida document number <u>LII 0000 29 66 3</u> | <u></u> . | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | | |
| The new name must be distinguishable and end with the wor "L.L.C." | ds "Limited Liability Company | ," the designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | 28 | |
| (Principal office address MUST BE A STREET ADDR | ESS) | | |
| | | | |
| | | Con L | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | जिल ं 🗲 | |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office add | | r records, enter the name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Frater | r Florida street address | |
| | Enter rioriaa street aaaress | | |
| | 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

Page 1 of 2

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> **Type of Action** MORM Remove Ormand Black, Fl ☐ Add ☐ Remove ☐ Add Remove Remove Ađđ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member McWilliams Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00