13000/323/3

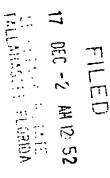
(F	Requestor's Name)
(A	Address)
(<i>f</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



500305383625

12/01/17--01012--003 **25.00



A LEGEL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Williams Cault Co	il C
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
	were filed on 9/18/2013 and assigned
Florida document number $L = 2(x0)32313$.	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	FILE -2
(Mailing address MAY BE A POST OFFICE BOX)	
	2
Name of New Registered Agent:	, · · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Mgc	Buck Tivilliams		
J		15720 SUSJUST South west Ranches, FI	
			Change
			Add
			□ Remove
			Change
			□ Remove
			□ Change
			Add
			Remove
			□ Change
			□ Remove
			☐ Change
			Add
			☐ Remove

	,	_
		_
		
		_
		_
		_
		_ _
		<u> </u>
	11 A 11	
	(3)	_ =
	100 P	_ [11]
		_
	VGR	٦
		-
		_
Effective date, if other than the date of filing 100. 25, 2017 If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) nan 90 days after filing.) Pursuant to 6 uirements, this date will not be li	05.0207 (sted as t
he record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.		lier of:
Dated_ Nov. 25, 2017		
Dated_ Nov 25; 2017 Signature of a member or authorized representative of a represent	member	
Hoid Williams Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00