

L13000168579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

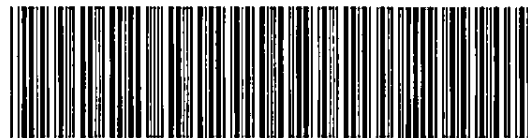
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 OCT 31 PM 3:53  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

S. WARREN

NOV 02 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Williams Cherished Momentz, 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:

YALANDA PINNEY

\_\_\_\_\_  
Name of Person

WILLIAMS CHERISHED MOMENTZ, LLC

\_\_\_\_\_  
Firm/Company

PO BOX 855

\_\_\_\_\_  
Address

ODESSA, FL 33556

\_\_\_\_\_  
City/State and Zip Code

ydwilliams84@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YALANDA PINNEY

813

833-9191

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RON WILLIAMS	1589 IMPERIAL KEY DRIVE	<input checked="" type="checkbox"/> Add
		TRINITY, FL 34655	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHARON FILMORE	1589 IMPERIAL KEY DRIVE	<input checked="" type="checkbox"/> Add
		TRINITY, FL 34655	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated October 28th, 2017

Ron Williams / Sharon Filmore / [Signature]  
Signature of a member or authorized representative of a member

SHARON FILMORE

Typed or printed name of signee

YALANDA PINNEY

**Filing Fee: \$25.00**