13000168579

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COVER LETTER

	ision of Cor						
SUBJECT:		herished Momentz, LLC					
SUBJECT		Name of Limi	ited Liability Company				
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		YALANDA PINNEY					
	Name of Person WILLIAMS CHERISHED MOMENTZ, LLC Firm/Company						
		WILLIAMS CHERISHED MOMENTZ, LLC					
	Firm/Company						
		PO BOX 855					
			Address				
		ODESSA. FL 33556					
			City/State and Zip Code				
		ydwilliams84@gmail.com					
			to be used for future annual report i	notification)			
For further ir	nformation co	oncerning this matter, please ca	all:				
YALANDA	PINNEY		813 833-9191				
Name of Person			at () Area Code Day	time Telephone Number			
Enclosed is a	check for th	e following amount:					
□ \$25.00 F	iling 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

Williams Cherished Momentz, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 5, 2013 and assigned Florida document number L13000168579 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1589 IMPERIAL KEY DRIVE Enter new principal offices address, if applicable: TRINITY, FL 34655 (Principal office address MUST BE A STREET ADDRESS) PO BOX 855 Enter new mailing address, if applicable: ODESSA, FL 33556 (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: YALANDA PINNEY Name of New Registered Agent: 1589 IMPERIAL KEY DRIVE New Registered Office Address: Enter Florida street address

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 decument 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.

City

TRINITY

If Changing Registered Agent, Signature of New Registered

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>	Name	<u>Address</u>	Type of Action
AMBR	RON WILLIAMS	1589 IMPERIAL KEY DRIVE	∃ Add
		TRINITY, FL 34655	□ Remove
			☐ Change
<u>AMB</u> R	SHARON FILMORE	1589 IMPERIAL KEY DRIVE	• Add
		TRINITY, FL 34655	Remove
			□ Change
			Remove
			Change
			☐ Remove
			Change
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Effective date, if other than to fan effective date is listed, the date Note: If the date inserted in this document's effective date on the	s block does not r	meet the applicable s				
ne record specifies a dela The 90th day after the r			effective time,	at 12:01 a.m. (on the earl	ier o
October 28th		2017			171 EXE	
Dated		•	. 1		001	77
Lon William	a Shor	on Filmore	renresembative of the	mber	3	
<i>Lon Hillian</i> RON WILLIAMS	Signature of a	non Tilmore memberar authorized	representative of a m	\bigcirc	31 11 20	FILED

Page 3 of 3

Filing Fee: \$25.00