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#### **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

# THE WILLIE'S VOLLEYBALL TOOLS, 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:

## EVELYN R GONZALEZ. EA

ACCOUNTING CENTER FOR SMALL BUSINESS, LLC

Firm/Company

5701 DOGWOOD DR

Address

ORLANDO, FL 32807

City/State and Zip Code

ACCORL@AOL.COM

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

For further information concerning this matter, please call:

EVELYN R GONZALEZ, EA at 407 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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### THE WILLIE'S VOLLEYBALL TOLLS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A I·	lorida Eimited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L14000027693</u>	ity Company were filed on 2/18/2014	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
THE WILLIE'S VOLLEYBALL TOOLS, LI	LC	
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	<b>:</b>	
(Principal office address MUST BE A STREET A	DDRESS)	~ ~
	-	<b>全国</b>
Enter new mailing address, if applicable:		SSS T
(Mailing address MAY BE A POST OFFICE BO)	<u>v</u>	
		3 % C2
		<del>Σ</del> ω
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ent	er the name of the nev
registered agent and/of the new registered office	<u>audress nere.</u>	
Name of New Registered Agent:		
New Registered Office Address:		
rew registered office radiess.	Enter Florida street address	
	, Florida	
_	City , Florida	Zip Code
New Registered Agent's Signature if changing Regi	stared Agent	

#### 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u> Title</u>	Name	Address	Type of Action
			□ Remove
			□ Add
			Remove
			□ Add
			☐ Remove
			. Add
		PLIANT REMOVE TO A STREET A ST	
			PH 2232
		☐ Remove	
			Add
			□ Remove

9. If amending any other information, enter change(s) here: (Att	ach additional sheets, if necessary.)
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	(optional) e and cannot be more than 90 days after
Dated MARCH 13 , 2014	
Ulli fe	/em·
Signiture of a member or authorized	representative of a member
WILLIE DE JESUS TORRES	
Typed or printed nam	e of signee

Page 3 of 3

Filing Fee: \$25.00

