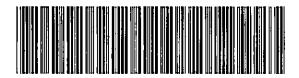
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10/10/12

COVER LETTER

Division of Corporations	
SUBJECT: Williams Spacks Distributing LLG 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:	
Charles Williams Name of Person	
Williams Snacks Distributing	
M328 Sandy Bluff dr	
Jacksonville F 32277 City/State and Zip Code	
Chriwil 28 Damail. Can E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Charles Williams at (904) 534-9736 Name of Person at (904) Daytime Telephone Number	-
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □	tatus &

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Williams Snocks I (Name of the Limited Liability Companion) (A Florida Limited Liability Companion)	y as it now appears on our ability Company)	rotords.)	
The Articles of Organization for this Limited Liability Company v Florida document number $\underline{L}14000157036$.	vere filed on 10/8	12014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liability Liabi	1011	n "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ldress on our records,	enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
TO WINGE STREET TRANSPORT	Enter Florida stree	t address	,
	City	, Florida	Zip Code*
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pe being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dut rovided for in Chapter	ties, and I am fa • 605, F.S. Or, ij	miliar with and Cthis document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
			□Add
			□ Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
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<u>Note:</u> If (date, if other than the date of filing: (optional) ive 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 (, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
the record sport is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Charles Williams Typed or printed name of signee

Filing Fee: \$25.00