15000006325

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K.SALY EXAMINER MAR 11

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Nathalie Christine Williams, 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:
N. Christine Williams
Name of Person Nathalie Christine Williams LLC Firm/Company
4643 Charles Bennett Dr. Address
Jacksonville Fr 32225
City/State and Zip Code Christinesellshows agmal. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (BS) 508-6766 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee 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

2016 MAR 10 PM 4:19

Nathalie Christine Williams, LLC

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

(A Florida Limited Liability Company)

(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	SEE FINAL
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000006325</u> .	were filed on 01/12/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4643 Charles Bennett Dr	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Fl 32225	
	4643 Charles Bennett Dr	
Enter new mailing address, if applicable:	Jacksonville, Fl 32225	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· ·	enter the name of th
Name of New Registered Agent:	de parameter for the consequence of the first fill of the consequence of the fill of the consequence of the	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
	•	Zip 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 = M $AMBR = A$	lanager Authorized Member	FILEN	
<u>Title</u>	<u>Name</u>	Address 2016 MAR 10 PM Inc.	Type of Action
		Address 20/6 MAR 10 PM 4: 1 FALLAHASSELL FLORING	<i>9</i> □ Add
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Filing Fee: \$25.00