L15000121349

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SECRETARY OF STATE
TALL AHASSEE FLORIDA

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COVER LETTER

Division of Co			
UBJECT: Williams Gr	oup Enterprises, LLC		
OBJECT.	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Anthony Choueifati, Esq.		
		Name of Person	
	Cook Legal Group, LLLP		
		Firm/Company	
	790 W Sam Houston Pkwy	N Ste 202	
		Address	
	Houston, TX 77024		
		City/State and Zip Code	
	achoueifati@cooklegalgroup		
	E-mail address: (t	o be used for future annual report no	tification)
or further information of	oncerning this matter, please ca	ll:	
anthony Choueifati, Esq	ļ.	713 341-2740 at ()	
Name o	f Person	Area Code Daytin	me Telephone Number
inclosed is a check for the	ne 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 ARTICLES OF ORGANIZATION **OF**

Williams Group Enterprises, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	iy as it now appears on our reco- lability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company vi Florida document number L15000121349	were filed on July 20, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LL	.C" or the abbreviation "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 off registered agent and/or the new registered office address here:		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	, F	F lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

N

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 familiate with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this apcument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limite with limite 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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	g any other information, enter change(s) here: (Attach additional sheets, if neces.	
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Note: If the document's one record:	date, if other than the date of filing:	late will not be listed as
The 90th	n day after the record is filed.	
Dated April	20 2017	
	m	
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	Signature of a nember or a thorized representative of a member	E
	anthony Choueifati, Esq., attorney-in-fact for TW Agency Ventures, LP, AMBR	APR 28 CRETARY AHASSE
Α		- ∞≥ №
<u>A</u>	Typed or printed name of signee	
<u>A</u>	Page 3 of 3	R PHIZ: 54 8 PHIZ: 54 RY OF STATE SEE. FLORID