## 116000121056

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	<del>#</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
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## **COVER LETTER**

то:	Registration Sec Division of Corp							
CHD II		ILLIAMS LLC						
SUBJE	·····	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·				
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please	return all correspor	ndence concerning this matter	to the following:					
		EMERY WILLIAMS						
			Name of Person					
		EMERY WILLIAMS LLC						
			Firm/Company					
		39247 SWIFT RD						
			Address					
		EUSTIS FL 32736						
			City/State and Zip Code					
EMERYWILLIAMS5012@YAHOO.COM								
		E-mail address: (	to be used for future annual report notif	(cation)				
For fur	ther information co	oncerning this matter, please ca	all:					
EMER	RY WILLIAMS		352 812-0536					
	Name of	Person	Area Code Daytime	Telephone Number				
Enclos	ed is a check for th	e following amount:						
\$2	5.00 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

EMERY WILLIAMS LLC						
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company	were filed on 12/9/2016	and assigned				
Florida document number L16000121056						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
N/A						
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	39247 SWIFT RD					
Principal office address MUST BE A STREET ADDRESS)	EUSTIS, FL 32736					
	N/A					
Enter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE BOX)						
		- File 65				
B. If amending the registered agent and/or registered of						
B. If amending the registered agent and/or registered of registered of registered agent and/or the new registered office address her	Mice address on our records, <u>enter</u> e	the name of the				
egistered agent and/or the new registered office address ner	Σ.	A F				
Name of New Registered Agent:		70 70				
New Registered Office Address:	:	<b>9</b>				
	Enter Florida street address					
	. Florida					
<del></del>	City	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, 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
AMBR	EMERY WILLIAMS	39247 SWIFT ROAD EUSTIS FL	Add
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Effective date, if other than the	date of fili	12/9/. ng:				(oı	otional)			
If an effective date is listed, the date mus Note: If the date inserted in this bl	t be specific a	nd cannot b	e prior to d	ate of filing	or more th	an 90 days a	fter filing.)	Pursuant	to 605.0	207
document's effective date on the D				Statutory	ming rec	unements,	iiiis uate v	WIII HOL C	e iisteu	1 43
ne record specifies a delayed The 90th day after the rec	l effective ord is filec	date, b	ut not a	n effect	ve time	, at 12:0	1 a.m. (	on the	earlier	0
Dated		2016								
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00