# 116000224065

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S. WARREN
JUL 2 0 2017

## **COVER LETTER**

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### MAILING ADDRESS:

Registration Section

TO:

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**

<u>William</u>	ns Mo	rine Sen	ria, LLC	
(, sans of the film	(A Florida Lim	ned Liability Company)	is on our records.)	
The Articles of Organization for this Limited 1	Liability Comp	any were filed on	12/12/16	and assigned
lorida document number <u>L</u> 1 6000 2 8	24065 .		•	
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited	liability company h	e re:	
Ма				
The new name must be distinguishable and contain the	words "Limited I	iability Company," the	designation "LLC" or the ab	oreviation "L.L.C."
Enter new principal offices address, if appli	ica ble :	Ме	-	
Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>		
		<del></del>		· · · · · · · · · · · · · · · · · · ·
0		ماد		
Enter new mailing address, if applicable:	C BAVA	<u> </u>		
Mailing address MAY BE A POST OFFICE	<u>: BUX)</u>		· · · · · ·	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	office address	<u>here</u> :	n our records, <u>enter</u>	
New Registered Office Address:	·			
New Registered Office Address.		Enter Flo	rida street address	
			, Florida	

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

Title Name Address Type of Action John Williams MER 216 Smallwood Ave. Fort Pierce, FL 34982 Remove **Change** ∐Add **⊞**Remove ⊞Change : **⊞**Add Remove Change **D**Add ERemove ₩Add Remove **⊞**Change 

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