

L17 000009107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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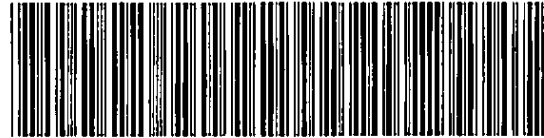
(Business Entity Name)

(Document Number)

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SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA

10/25/21

T.A.S.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Williams Island DG 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:

William M. Tuttle II, Esq.

Name of Person

William M. Tuttle II, P.A.

Firm/Company

700 S. Dixie Highway, Suite #200 (2nd Floor)

Address

Coral Gables, Florida 33146

City/State and Zip Code

wmtuttle@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William M. Tuttle

305 375-8181

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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 Island DG LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 11, 2017 and assigned
Florida document number L17000009107.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

36 Pelican Drive

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, Florida 33301

Enter new mailing address, if applicable:

36 Pelican Drive

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, Florida 33301

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jorge Cury

New Registered Office Address:

36 Pelican Drive

Enter Florida street address

Fort Lauderdale, Florida

Florida 33301

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jorge Cury	36 Pelican Drive, Fort Lauderdale, Florida 33301	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert T. Hays	1000 E ISLAND BLVD PH02	<input type="checkbox"/> Add
		AVENTURA, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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RECEIVED
ALLIANCE
TECHNICAL
SUPPORT
DEPT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF THE ARMY
TALAHASSEE FL 32304

E. Effective date, if other than the date of filing: October 6, 2021 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 6 2021

Signature of a member or authorized representative of a member

Robert T. Hays, Manager

Typed or printed name of signee

Filing Fee: \$25.00