111000055087

(Requestor's Name)
(Address)
(Address)
(183.555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Excention (Manuel)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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September 6, 2018

KAREBEA WILLIAMS 5645 CORAL RIDGE DE STE 453 CORAL RIDGE, FL 33076 US

SUBJECT: KARREBEA WILLIAMS "LLC"

Ref. Number: L17000055087

We have received your document for KARREBEA WILLIAMS "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

of your acconsidered of your document, p.c.

Letter Number: 618A00018379 20 PH 12: 52 Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith Regulatory Specialist II Registration Section

www.sunbiz.org

COVER LETTER

SUBJECT:	Капе	bea Williams LLC.			
SOBJECT: _		Name of Lim	ited Liability Company		
The enclosed A	rticles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return al	l correspond	ence concerning this matter	to the following:		
		Ka	irebea Williams		
			Name of Person		
		W	illiams Trucking LLC		
			Firm/Company		
		56	645 Coral Ridge Dr S	uite #453	
			Address		
			Coral Ridge, FI 3307	ь	
		Willian	City/State and Zip Codnstrucking45@Gmail.		
		E-mail address: (to be used for future annu-	al report notification	ып)
For further into	rmation cond	cerning this matter, please ea	ill:		
Ka	rrebea Willia	ams	954 at ()	279-0056	
	Name of Po	erson	Area Code	Daytime Tel	ephone Number
Enclosed is a cl	heck for the t	following amount:			
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

KARREBEA WILLIAMS LLC		_				
(Name of the Limited Liability Compa (A Florida Limited)	ny ny it now appea Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Company Florida document numberL17000055087	were filed on	03/09/2017	and assigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company h	ere:				
WILLIAMS TRUCKING GROUP LLC.						
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the	e abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	5645 CORAL I	RIDGE DR # 453				
(Principal office address MUST BE A STREET ADDRESS)	CORAL SPRINGS, FL 33076					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RIDGE DR #345 NGS, FL 33076	ZONB S			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address of <u>e</u> :	n our records, <u>ent</u>	四日二			
Name of New Registered Agent:			RYOFS			
New Registered Office Address:	Enter Flo	orida street address	FEE SS			
		Florida				
	City		Zip Code			
New Registered Agent's Signature, if changing Registered Agents						

New Resistaten Water 2 Distinguise if champains Resistated Andries

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
MGR	Martel Williams III	5645 Coral Ridge Dr.#453 Coral Springs, FI 33076	■ Add
			☐ Remove
		, 	Change
			☐ Remove
			☐ Change
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			Remove
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<u>te:</u> lf	date, if othe ive date is listed, the date inserte t's effective da	ed in this bloc	k does not i	meet the a	pplicable sta	tutory filinį	requiremer	ıts, this dat) g.) Pursuant e will not b	to 605.020 be listed a
	d specifies Oth day afte				t not an e	ffective t	me, at 12	:01 a.m	on the e	earlier o
ted				<u></u>						
				$\overline{}$						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00