

L17000055087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

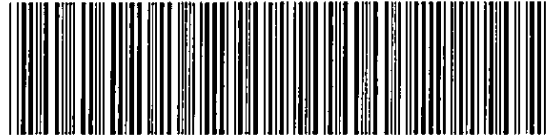
(Business Entity Name)

(Document Number)

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FALLS CHURCH, VIRGINIA  
FALLS CHURCH, VIRGINIA

DEC 11 2019

T SCHNEIDER

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WILLIAMS TRUCKING GROUP 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:

ROBERTS, GERALD K

\_\_\_\_\_  
Name of Person

WILLIAMS TRUCKING GROUP LLC

\_\_\_\_\_  
Firm/Company

5645 CORAL RIDGE DR #453

\_\_\_\_\_  
Address

CORAL SPRINGS, FL 33076

\_\_\_\_\_  
City/State and Zip Code

WILLIAMSTRUCKINGGROUPLLC@GMAIL.COM

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

For further information concerning this matter, please call:

ROBERTS, GERALD K

786

546-2471

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WILLIAMS TRUCKING GROUP 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 03/09/2017 and assigned Florida document number L17000055087.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1256 NW 79TH ST APT 108

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33147

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

ROBERTS, GERALD K

New Registered Office Address:

1256 NW 79TH ST APT 108

*Enter Florida street address*

MIAMI

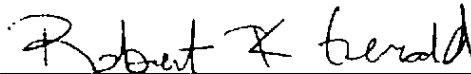
*City*

Florida 33147

*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	KARREBEA WILLIAMS	1448 NE 163ND STREET	<input type="checkbox"/> Add
		NORTH MIAMI BEACH FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTEL WILLIAMS III	5645 CORAL RIDGE DR #453	<input type="checkbox"/> Add
		CORAL SPRINGS FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERTS, GERALD K	1256 NW 79TH ST APT 108	<input checked="" type="checkbox"/> Add
		MIAMI FL 33147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 State of Florida  
 Department of Banking and Finance  
 Office of Consumer Protection

