# 117000131296

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W. HARRIS

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT:	Broomz on the	GO LLC ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Ela	ine Williams Name of Person	
		Name of Person	
	$\bigcap$	leaning Services	
		Firm Company	
	Or 1.1	traic +	
	8500	Thad Court	<del></del>
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	Jack	conville, FL 3221 City/State and Zip Code	0
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	E-mail address; {	nz on the go @ gm c	t notification)
For further information	on concerning this matter, please ca		
_ tlaine	Williams ne of Person	ar (904) 3	12-0061
Nai	me of Person	Area Code D	Ouytime Telephone Number
Enclosed is a check f	or the following amount:		
□ S25 00 Filing Fee	e □ \$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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2017

ELAINE WILLIAMS 8566 THAD COURT JACKSONVILLE, FL 32210

SUBJECT: E. WILLIAMS COMPANY LLC

Ref. Number: L17000131296

We have received your document for E. WILLIAMS COMPANY LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00013115

RECEIVED

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30RETANY

LAHASSER, FLONISA

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ompany LLC inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700131296</u> .	were filed on June 15, 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 here:	
Broomz on the GO UC The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or the abbreviation "LLLC."	
Enter new principal offices address, if applicable:	8566 Thad Court	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32210.	_
· · · · · · · · · · · · · · · · · · ·	8566 Thad Court  Jacksonville, FL 32210.	<u>.                                    </u>
	>> (>,	Ī.,
Enter new mailing address, if applicable:		.•
(Mailing address MAY BE A POST OFFICE BOX)		
	5	_
	Si I	_
B. If amending the registered agent and/or registered of		ne'
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		_
New Registered Office Address:		_
-	Enter Florida street address	
	, Florida Cuv Zip Code	_
	Cuv 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> Type of Action Marianne Jusino 11133 Monarch Landing Drive NAdd MGR Jacksonville, FL 32257 ☐ Remove \_□ Change □ Add ☐ Remove \_ Change □ Add □ Remove ☐ Change \_□ Add \_□ Remove \_□ Change □ Add <u>G</u>∴□ **Re**move \_□ Change

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