

L18000019448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

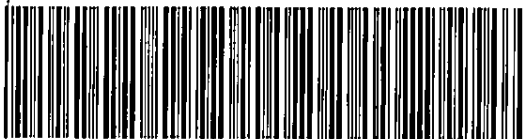
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2018 JAN 26 PM 4:39
TALLAHASSEE, FLORIDA

K. SALY
JAN 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Williams International Crane Rigging and Service, 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:

Dywanne Guide
Name of Person

Williams International Crane Rigging and Service, LLC
Firm/Company

125 Northeast 5th Avenue
Address

Deerfield Beach, Florida 33441
City/State and Zip Code

dguide@williamsintl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dywanne Guide at (561) 900-8322
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

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2018 JUN 11 11 41 AM
UCC, UCC
ET AL

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

Page 1 of 3

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 | Dyvonne Guide | 125 NE 5 th Ave | <input type="checkbox"/> Add |
| | | Deerfield Beach, FL 33441 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Dianne Williams | 125 NE 5 th Ave | <input type="checkbox"/> Add |
| | | Deerfield Beach, FL 33441 | <input type="checkbox"/> Remove |
| | | change from AMBR to MGR | <input checked="" type="checkbox"/> Change |
| MGR | Joseph Williams | 125 NE 5 th Ave | <input checked="" type="checkbox"/> Add |
| | | Deerfield Beach, FL 33441 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

change Dianne Williams from AMBR to MGR

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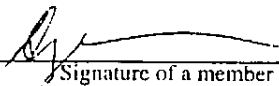
E. Effective date, if other than the date of filing: _____ (optional)

(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 _____.



Signature of a member or authorized representative of a member

Dyanne Guide

Typed or printed name of signer