## L19000021899

| (Requestor's Name)                      |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |
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| (Document Number)                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
| Certified Copies                        |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only

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To Whom It May Concern,

This is a request to not allow any information to be changed by Teresa Marie Williams (Teresa Marie Gaskins) she made changes to information regarding ALBERT WILLIAMS LANDSCAPING LLC on 6/14/22 that wasn't authorized by me. Teresa Marie Williams name shouldn't be anywhere related to this business, and she isn't allowed to make any changes at all regarding ALBERT WILLIAMS LANDSCAPING LLC. I Albert Williams Jr is the only one that is authorized to make any changes regarding ALBERT WILLIAMS LANDSCAPING LLC.

Sincerely.

Albert Williams Fr

07-22-22

## **COVER LETTER**

TO:

| TO: Registration Se<br>Division of Cor        |   |   |  |  |
|---|---|---|--|--|
| ALBERT V                                      | VILLIAMS LANDSCAPING I                    | LLC   |  |  |
| SUBJECT:                                      | Name of Lim                               | ited Liability Company  | <del> </del>   |  |
| The enclosed Articles of                      | Amendment and fee(s) are sub              | mitted for filing.  |  |  |
| Please return all correspo                    | ndence concerning this matter             | to the following:   |  |  |
|   | ALBERT WILLIAMS JR                        |   |  |  |
| Name of Person                                |   |   |  |  |
|   | ALBERT WILLIAMS LA                        | NDSCAPING LLC   |  |  |
| Firm/Company                                  |   |   |  |  |
|   | 7712 ELVIA DR                             |   |  |  |
|   | <del> </del>                              | Address   |  |  |
|   | JACKSONVILLE FL 322                       | <b>!</b> 1  |  |  |
|   |   | City/State and Zip Code   | <del></del>  |  |
|   | volarenesbitt39@gmail.com                 | to be used for future annual report no                              | tification)  |  |
| For further information c                     | oncerning this matter, please c           |   | (Medical)  |  |
| ALBERT WILLIAMS JR                            |   | 904 405-7622  |  |  |
| Name of Person                                |   | at ()<br>Area Code Daytii   | me Telephone Number  |  |
| Enclosed is a check for the                   | he following amount:                      | •   |  |  |
| ■ \$25,00 Filing Fee                          | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy fadditional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| Mailing Address:                              |   | Street Address:   | ection   |  |
| Registration Section Division of Corporations |   | <del>-</del>  | Registration Section Division of Corporations  |  |
| P.O. Box 6327                                 |   | The Centre of   | The Centre of Tallahassee  |  |
| Tallahassee, FL 32314                         |   | 2415 N. Monroe Street, Suite 810                                    |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL 29 AM 11: 15

ALBERT WILLIAMS LANDSCAPING LLC

SECRETARY OF STAFL TALEAHASSEE, FL (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 24TH,2018 and assigned Florida document number L18000021899 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." 7712 ELVIA DR JACKSONVILLE FL 32211 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 7712 ELVIA DR JACKSONVILLE FL 32211 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: ALBERT WILLIAMS JR Name of New Registered Agent: 7712 ELVIA DR New Registered Office Address: Enter Florida street address , Florida 32211 Zip Code JACKSONVILLE City

## 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR ≈ Manager AMBR = Authorized Member

| <u>Title</u> | Name                   | Address                       | Type of Action |
|--------------|------------------------|-------------------------------|----------------|
| MGR          | WILLIAMS, Teresa Marie | 827 E University Blvd APT 107 |                |
|              |                        | MELBOURNE FL 32901            |                |
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