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J. LEGGETT APR 0 6 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EBJ Williams 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:
Exica Thomason Name of Person
EBJ WILLAMS ILC Firm/Company
1736 Ave M
Saint Pettis berg F1 33713 City/State and Zip Code
Browning red 13 6 amail, Com E-mail address: 196 be used for future annual report notification)
For further information concerning this matter, please call:
Pare of Person at (305) 244-0809 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sigma \frac{5}{25.00}\$ \text{ Filing Fee } \$\sigma \frac{5}{30.00}\$ \text{ Filing Fee } \$\sigma \frac{5}{560.00}\$ \text{ Filing Fee}.
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

A Same of the Limited Lie	ability Compan orida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Florida document number	ty Company v	vere filed on	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liabili	ty company here:	
The new name must be distinguishable and contain the words "	Limited Liability	Company," the designation "LLC" or the abi	previation "L.L.C."
Enter new principal offices address, if applicable:		173029AVEN	
(Principal office address MUST BE A STREET AD	ODRESS)	Sount Petersburg	g F1 337
Enter new mailing address, if applicable:		173029 DVC N	
(Mailing address MAY BE A POST OFFICE BOX)		Saint Petersh	nury f1 33
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered offic ddress here:	ce address on our records, enter t	the name of the new
			Co
Name of New Registered Agent:			2)
New Registered Office Address:	173029	Enter Florida street address	
<u> </u>	ant	Pekrsbug Florida	33713 Zip Code 5

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

Address Type of Action 173029 re N Saint Petersburg fl 33713

Saint Petersburg fl 33713

Remove

17302 Ave N _____ Change

Petersburg fl 33713

Peter ☐ Remove ☐ Change ☐ Change □ Add _□ Remove □ Change _□ Remove _□ Change □ Add ☐ Remove □ Change

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Page 3 of 3

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