

L180000 42803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

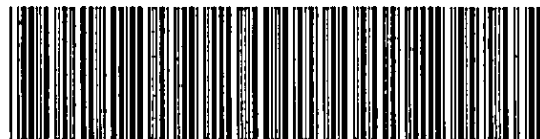
(Business Entity Name)

(Document Number)

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18 APR -6 PM 4:19

J. LEGGETT
APR 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

E B J 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:

Erica Thompson

Name of Person

E B J Williams LLC

Firm/Company

1730^{79th} Ave N

Address

Saint Petersburg FL 33713

City/State and Zip Code

Browningred13@gmail.com

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

For further information concerning this matter, please call:

Erica Thompson

Name of Person

at (365)

Area Code

244-0809

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

E B J Williams LLC

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 manager	Erica Thompson	1730 ²⁹ Ave N	<input checked="" type="checkbox"/> Add
		Saint Petersburg fl 33713	<input type="checkbox"/> Remove
		1730 ²⁹ Ave N	<input type="checkbox"/> Change
AMBR Authorized Personal data	Erica Thompson	Saint Petersburg fl 33713	<input checked="" 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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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

18
18-6
18-19

E. Effective date, if other than the date of filing: Same as 2/16/18 (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 4/4/18



Signature of a member or authorized representative of a member

Erica Thompson

Typed or printed name of signer