

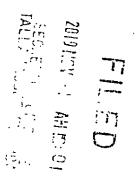
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COVER LETTER

Division of Corporations Williams Services Florida LLC SUBJECT: 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: Erin Peterson Name of Person Williams Services Florida LLC Firm/Company PO Box 9321 Address Miramar Beach, FL 32550 City/State and Zip Code williamsservicesfl@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Williams Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Williams Services Florida, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{03/12/2018}{}$ and assigned	
Florida document number 1.18000063819		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	450 S. Geronimo Street	
Principal office address MUST BE A STREET ADDRESS)	#603	
	Miramar Beach, FL 32550	
	2019 SEU	•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	**
		<u>:</u>
	2) = C	;
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		e ne
The second secon	Σ'	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City 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
AMBR	Erin Peterson	450 S. Geronimo Street #503	
			Add
		Miramar Beach, FL 32550	
			Change
			Li Change
			□ Remove
			Change
			D Add
			☐ Remove
			Change
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			□ Change

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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	ist be specific and cannot be prior to date of filing or more the dock does not meet the applicable statutory filing rec	(optional) han 90 days after filing.) Pursuant to 605,0207 (3)(b) quirements, this date will not be listed as the
If the record specifies a delaye (b) The 90th day after the re	ed effective date, but not an effective time cord is filed.	e, at 12:01 a.m. on the earlier of:
Dated October 30	2019	
£.EP	Signature of a member or authorized representative of a	nember
Erin Peterson		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00