

L180000 63819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

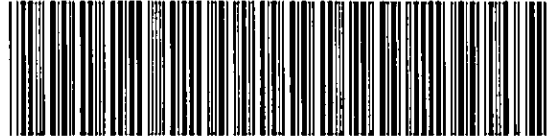
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/16/20--01008--009 \*\*30.00

2020 APR 16 AM 9:26

FILED  
MAR 26 2020  
CLERK OF COURT  
CLERK OF COURT

Q11

4/30/20

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Williams Services Florida 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:

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:

Erin Peterson

850

974-3133

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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



**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>                      |
|--------------|--------------------|-------------------------|--------------------------------------------|
| AMBR         | Robert H. Williams | 450 S. Geronimo #603    | <input type="checkbox"/> Add               |
|              |                    | Miramar Beach, FL 32550 | <input type="checkbox"/> Remove            |
|              |                    |                         | <input checked="" type="checkbox"/> Change |
| AMBR         | Erin E. Peterson   | 450 S. Geronimo #603    | <input checked="" type="checkbox"/> Add    |
|              |                    | Miramar Beach, FL 32550 | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
| MGR          | Charles R. Goins   | 347 Concert Ct          | <input checked="" type="checkbox"/> Add    |
|              |                    | Freeport, FL 32439      | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |

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

NOTE: Only amending UNIT Number (from 503 to new 603) for Registered Agent and AMBR Robert Williams

[illegible]

04/09/2020

**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 April 9th, 2020

Robert W. L.

Signature of a member or authorized representative of a member

Robert H. Williams

Typed or printed name of signee