## L18000068803

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## **COVER LETTER**

TO: Registration Se Division of Co.			
	ns Family, LLC		
SUBJECT:		nited Liability Company	· <del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Michael B. Williams		
•	_	Name of Person	
		Firm/Company	
	113 Randon Terrace	Address	
	Laka Mane El 22716	Address	
	Lake Mary, FL 32746	City/State and Zip Code	<u> </u>
	mwilliams@ethnosint.com	, ,	
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Michael B. Williams		407 412-1208 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M. Williams Family LLC (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 March 16, 2018 and assigned Florida document number 1.18000068803 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida 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>	Name	Address	Type of Action
MGR	Kelli L. Williams	113 Randon Terrace,	
		Lake Mary, FL 32746	□ Remove
			□ Change
			□Add
			□ Remove
			□ Change
			□Remove
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effective date is listed, the date must be spe	ecific and cannot be prior	r to date of filing or mo	re than 90 days after f	iling.) Pursuant	to 605.0
e: If the date inserted in this block do iment's effective date on the Departm	ient of State's records	i.	requirements, this	date will not t	ie nsiec
ord specifies a delayed effective date, filed.	, but not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day	y after
ed September 28	2020	2. 1/			
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Filing Fee: \$25.00