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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DWILLOMS MORTHUARY SERVICES, LL
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Alphonso Williams 5
DWILLIAMS MORTUDRY SERVINGS LLC
6/20 SW 13th STREET
City/State and Zip Code  Williams MORTHON J SERVICES LLC DYMAIN E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daphina Williams at 352 H43 - 4246  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status S60.00 Filing Fee, Certificate Opy (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

(1) Williams	MoHUGIU	SERVICES, LLC
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed on 3/2	7/2018 and assigned
This amendment is submitted to amend the following:		; n
A. If amending name, enter the new name of the limite	ed liability company here:	27
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C)"
Enter new principal offices address, if applicable:		:. <u>2</u>
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
<del></del>	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

Title	<u>Name</u>	Address	Type of Action
MGR	Daphing Williams	P.D.Box 14/052 BAINESVILLE FL 3241	Add Add
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			Remove Change
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(If an e Note:	tive date, if other than the date of filing: <u>DFOBER</u> / <u>GODER</u> (optional)  flective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records.	5.0207 () ed as th
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlie e 90th day after the record is filed.	er of:
Dated	OCTOBER 16 2018	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00