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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	D Williams	Mortuary Services, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Alphonso Williams			
			Name of Person		
		D Williams Mortuary Serv	ices, LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		P. O. Box 141052			
			Address		
		Gainesville, Florida 32614			
			City/State and Zip Code	<del></del>	
		williamsmortuaryserviceslle			
			to be used for future annual report notif	ication)	
For further in	nformation c	oncerning this matter, please co	all:		
Da <del>p</del> hina Wi	lliams		352 443-4246 at ( )		
	Name o	f Person	Area Code Daytimo	e Telephone Number	
Enclosed is a	a check for th	ne following amount:			
\$25.00 1	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)	
	iling Addres		Street Address: Registration Sec	ction	
Di	vision of C	Corporations	Division of Cor	porations	
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D Williams Mortuary Services, LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)
he Articles of Organization for this Limited Liability	Company were filed on /10/25/2018	and assigned
orida document number L18000078075		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
e new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADD	RESS)	
		2019 F
		<b>岩尼工</b>
nter new mailing address, if applicable:		55 <b>a C</b>
failing address MAY BE A POST OFFICE BOX)		<u> </u>
		53 55
. If amending the registered agent and/or registere sent and/or the new registered office address here:		enter the name of the new regist
ent and/of the new registered office address here.		
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 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	<u>Address</u>	Type of Action
MGR	Terrance Lawson	20107 North West 75th Street Alachua, Fl 32615	□Add
			□Remove
			Change
AMBR	Daphina Williams	P.O.Bbox 141052 Gainesville, Florida 32614	□ Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			<b>≡</b> Change
			□Add
			□Remove
			Change
			□Add
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		<del></del>	□ Change
	<del> </del>		□Add
			□Remove
			🗆 Change
			□ Add
			□Remove
			□Change

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 603.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records.  The erecord 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 filed.  Dated  December 03.  2019  Signature of a filenber or authorized representative of a member			<u>.</u>	·	<del></del>	
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Dated December 03. , 2019	f an effective date is <b>Note:</b> If the date i	listed, the date must be speci nscrted in this block does	fic and cannot be prior to not meet the applicat	o date of filing or more the ble statutory filing req	an 90 days after filing.)	Pursuant to 605.0207 will not be listed as
Dated		i delayed effective date, bi	ut not an effective tim	ne, at 12:01 a.m. on th	e earlier of: (b) Tho	90th day after the
III in the	December Dated	03.	2019			
Signature of a member or authorized representative of a member	Jaiou		· · / 0 -	– ·		
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	4	Signature	e of a member or author	ized representative of a	nember	<del></del>
		so Williams		name of signee		

Filing Fee: \$25.00