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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	William Sar	nders LLC		
SOBJECT.	-	Name of Limi	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspoi	ndence concerning this matter	to the following:	
		William Sanders		
			Name of Person	
		William Sanders LLC		
			Firm/Company	
		183 S Easy ST		
			Address	
		Lecanto FL 34461		
			City/State and Zip Code	<u> </u>
		crackerjack58@gmail.cor		
		E-mail address: (to be used for future annual report notifi	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
William Sa	nders		352 423-0116	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

William Sanders LLC				
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on o ited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Comp Florida document number L18000182176	sany were filed on $\frac{07/31/20}{2}$	018	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
WEST COAST PAINTING LLC				
The new name must be distinguishable and contain the words "Limited L	liability Company," the designa	tion "LLC" or the abbr	eviation "L.L.	C."
Enter new principal offices address, if applicable:		<u></u> -		<u>¥</u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		—A⊎G	SION
				225 725 725 725 725 725
Enter new mailing address, if applicable:			3	ORPOS ORPOS
(Mailing address MAY BE A POST OFFICE BOX)				117
			~~~~	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter th	<u>ie name of</u>	f the nev
Name of New Registered Agent:	<del></del>			<u>-</u>
New Registered Office Address:	Enter Florida str	eet address		<del></del>
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Ag	ent:			

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>	Address	Type of Action
MGR	JOHNNY SANDERS	183 S EASY ST	<b>=</b> Add
		LECANTO, FL 34461	□ Remove
			☐ Change
MGR	DALTON SANDERS	183 S EASY ST	<b>∃</b> Add
		LECANTO, FL 34461	Remove
			Change
			Add
			Remove
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ective date, if other than the confective date is listed, the date must	date of filing: be specific and cannot be prior	to date of filing or more than	(optional) 90 days after filing.) Pursuant to	605.02
te: If the date inserted in this blo- tument's effective date on the Dep	ock does not meet the application	able statutory filing require		
ament's effective date on the Dep	partition of State's records.			
record specifies a delayed	effective date, but no	t an effective time la	t 12:01 a.m. on the ea	rlier
he 90th day after the reco		t all effective time, a	C 12.01 d.m. on the co	ii ii Ci
ed JULY 31	2018	<del></del> ·		
	Signature of a member or author			
	. <i>V</i>			

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Filing Fee: \$25.00