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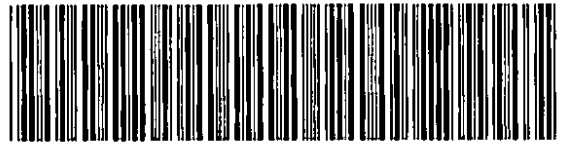
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG - 6 AM 10:52

N COOPER

AUG 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: William Sanders 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:

William Sanders

Name of Person

William Sanders LLC

Firm/Company

183 S Easy ST

Address

Lecanto FL 34461

City/State and Zip Code

crackerjack58@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Sanders 352 423-0116

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

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>
MGR	JOHNNY SANDERS	183 S EASY ST	<input checked="" type="checkbox"/> Add
		LECANTO, FL 34461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DALTON SANDERS	183 S EASY ST	<input checked="" type="checkbox"/> Add
		LECANTO, FL 34461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

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 JULY 31 2018

Wallace Sander
Signature of a member or authorized representative of a member

WILLIAM SANDERS

Typed or printed name of signee