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COVER LETTER

TO: Registration Section Division of Corporations			. %	
CITO TE		wise LLC	,	;
SUBJECT: Name of Limited			ed Liability Company	
The end	closed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please 1	return all correspo	ondence concerning this matter to	the following:	
		Damian Williams		
			Name of Person	
		Williams & Wise LLC		
			Firm/Company	
		10700 Caribbean Blvd., Ste	315	
			Address	20
		Miami, FL 33189		2019 HAY
			City/State and Zip Code	
		d.williams@wwglp.com		$\omega = \omega$
		E-mail address: (to	be used for future annual report notification)	
For furt	her information o	concerning this matter, please call	:	WH 10: +5
Damiar	n Williams		917 690-2586	. 01
	Name o	of Person	at () Area Code Daytime Teleph	one Number
		he following amount:		
\$25	i.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURIER AD	DRESS:
Registration Section Division of Corporations P.O. Box 6327			Registration Section	
			Division of Corporations Clifton Building	
		assee, FL 32314	2661 Executive Center Cir	role

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Williams & Wise 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 November 21, 2018 and assigned Florida document number _ L18000271666 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 "L.L.C." 10700 Caribbean Blvd. Enter new principal offices address, if applicable: Suite 315 (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33189 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 _ City 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

MGR = N AMBR = A	Aanager Authorized Member		
<u> Citle</u>	<u>Name</u>	Address	Type of Action
MGR	Monique Williams	9821 SW 160th Street Mlami, FL 33157	B Add
			□ Remove
			☐ Change
AMBR	Damian Williams		
			☐ Remove
		10700 Caribbean Blvd., Ste 315 Miami, FL 33189	■ Change
			2019 Remove
			PPROVEI
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

If amending any other infor	mation, enter change(s)	here:	(Attach additional she	eets, if necessary.)	
					
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		<u> </u>			
					
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and cannot be s block does not meet the a	pplicab			
	o population of Sale Vice				
ne record specifies a dela The 90th day after the		t not a	an effective time, a	t 12:01 a.m. on	the earlier of:
Dated May 16	, 2019	<u> </u>	. •		
	Signature of a member or	anthoric	zed representative of a mer	nher	
Damian Williams	Signature of a thember of	aumoi E	zen representative of a met	nico.	
A THE PARTY OF THE	······································		name of signee		<u></u> .

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Filing Fee: \$25.00