## 115000383956

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

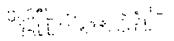


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RECEIVED

2021 MAY 24 PH 2: 25



May 6, 2021

SEBASTIAN A GOMEZ 20200 W DIXIE HWY SUITE 1009 AVENTURA, FL 33180

SUBJECT: WILLIAMSON 305, LLC

Ref. Number: L18000283956

We have received your document for WILLIAMSON 305, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 721A00009447

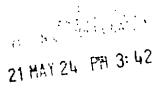
## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJI	ЕСТ:	WILLIA USON Name of Lim	305 LLC ited Liability Company	
The en	iclosed Articles of .	Amendment and fee(s) are sub	mitted for tilling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		SEBASTIAN	A. GOMEZ Name of Person	
		WILLIAMS	W 305 LLC Firm/Company	<del></del>
			DIXIE HWY, SI	
			City/State and Zip Code	
		SGOMET ( E-mail address: (	<u>EQUIY 305. A</u> to be used for future annual report n	U otification)
		oncerning this matter, please ca		
5	EBALDAN Name of	A. Court	at ( <del>786</del> ) 28 Area Code Days	2 - 7818 time Telephone Number
Enclose	ed is a check for th	e following amount:		
U \$2.	5.00 Filing Fee	(1) \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

WILLIAMSON 305 LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Lumted Liability Company)
The Articles of Organization for this Limited Liability Company were filed on <u>DECEMBER, 10 2018</u> and assigned Florida document number <u>L 18000 283956</u> .
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 "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
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, <u>enter the name of the new register</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida

## 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cnv

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 21 MAY 24 PH 3: 42 AMBR = Authorized Member Address Title Name MGR JORGE TEXAND PINTO MGR CARIO ELICO THOUAS

AHBIL

AMBL

20807 BISCATIVE BLUD. ELAND SUITE 104 Remove AVENTURA, Fr 33180 \_ Change 21500 Piscatur BLD. HAdd Suine 401 Remove AVENTURA, FL 33180 \_\_ Change 20807 BISCAYUE BLUD. MADD JORGE TEZAND PINO Suite 104 AUENTURA, FZ 331BU OChange CARLOI Elilo THOUAS 21500 BISCAYNE BUND XAdd SVITE 401 \_\_\_\_\_\_ DRemove AVENTURA, Fr 33180 DChange ..... 🖂 🖂 🖂 🖂 🖂 □ Remove Change • \_\_\_ \_ Remove

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Type of Action

ed sheets, if necessary.) 21 HAY 24 PA 3: 42			
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/ / 15			
(optional) re than 90 days after filing.) Pursuant to 605.0	id cannot be prior to date	than the date of filing the date must be specific an	ctive date is listed, the
requirements, this date will not be liste		I in this block does not on the Department of	
the earlier of: (b) The 90th day after	or an effective time, at	ed effective date, but no	
		h	ed.
	2021	3 <sup>'''</sup>	MAY, 18

Filing Fee: \$25.00