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COVER LETTER

TO:	Registration Se Division of Cor						
cum a	William Golden LLC						
SUBJI	EC1:	Name of Limited Liability Company					
The er	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Dean Kneller					
			Name of Person				
		2025 Cand Dark Dd	Firm/Company				
		3925 Sand Path Rd.					
		Bonifay Florida 32425	Address				
		rkneller@yahoo.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notific	cation)			
For fu	rther information co	oncerning this matter, please co	all:				
Dean !	Kneller		850 547-9606 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for th	ne following amount:					
□ \$2	5.00 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:

TO:

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 Golden LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records ited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Comproved and Compression of Compression (Liponometric Liponometric Liponometri Liponometri Liponometric	pany were filed on January 31 2019	and assigned
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	Libit. Communication and Communication	Sand Thanks of LC?
he new name must be distinguishable and contain the words "Limited"	Liability Company, the designation "LEC	or the appreviation "L.L.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		17A
		S S T
Enter new mailing address, if applicable:)
Mailing address MAY BE A POST OFFICE BOX)	***	S: PIT
		N D
		3
B. If amending the registered agent and/or registere		, enter the name of the
registered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 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>	<u>Address</u>	Type of Action
AMBR	Pearl L. Golden	1616 Bethlehem Church Rd. Bonifay, Fl. 32425	
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
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			Remove
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			Change

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	ve date, if other than the date of filing: (optional)
Note:	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the day after the record is filed.
Dated	8/16/2019
Dated	

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Typed or printed name of signee

Filing Fee: \$25.00