119 00000 45528

(Requestor's Name)	
(requestors rearrie)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



100329921401

Q6/07/19--01004--021 ••30.00

Amend Cli-

JUN 24 2019 I ALBRITTON

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Willett's High	Performance and Concord Limited Liability Company	Services LLC
The enclosed Articles of Amendment and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
_Richard	d Clay Willett Name of Person	
	Firm/Company	
4/015	B. Lowery Rd.	
M	City/State and Zip Code	
	letthian oerformance (address: (to be jused for future annual report notific	a) Jaha Com
For further information concerning this matter, p	please call:	
Richard Willett Name of Person	at (<u>B50</u>) <u>74B</u> - Area Code Daytime	0745 Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee		
S25.00 Filing Fee S30.00 Filing Fee Certificate of S		□ \$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/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A 1 1011	da Emilied Emonity Company)			
The Articles of Organization for this Limited Liability Florida document number <u>L19000045528</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	ORESS)			
Enter new mailing address, if applicable:	1, 1			
(Mailing address MAY BE A POST OFFICE BOX)	5 11			
	ری ِ			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the n dress here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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

Services LLC

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ac or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Address Type of Action Name Amy Willett 4015 B. Lowery Rd. DAdd MGR Milton FL 32583 Change MGR Richard Willett 4615 B Lowery Rd. Add
Milton Fl 32583 - Rem ☐ Remove _□ Change □ Add □ Remove Change Remove _ Change □ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change

_	
_	
_	
_	
_	
_	
_	
-	
_	
_	
_	
Effecti	ve date, if other than the date of filing:
(If an effe <u>Note:</u>	ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ont's effective date on the Department of State's records.
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
) The	<u>(0 - 3</u> , <u>2019</u> .
) The	D.Cl. WATA
) The	R. Clay Willett Richard Clay Willett Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00