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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	1
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COVER LETTER

Division of Corporations	
SUBJECT: Williams Wholesale Auto 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:	
Trimaine Williams Name of Person	
Williams Wholosale Auto LLC Firm/Company	
830 Whippowrwill Dr. Address	
Orlando, Fil 32825 City/State and Zip Code	
TWAUTOD (OGER GOMAIL. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Trimaine Williams = 407, 234-4329	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status (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

AKTIC	LES OF OKC	ANIZATION		
	OF		-1:12	
Williams Who	esale A	uto LLC		and assigned
(<u>Name of the Limited</u> (A	Liability Company as Florida Limited Liabil	it now appears on our i ty Company)	records.)	2 P
e Articles of Organization for this Limited Liab orida document number <u>L19000216</u> is amendment is submitted to amend the follow	<u> 305</u> .	: filed on <u>\$ \begin{aligned}{2} 2</u>	3/2019	_ and assigned
	-			
If amending name, enter the new name of th	e limited liability	company here:		
Williams Auto	Sales L	LC		
e new name must be distinguishable and contain the word	s "Limited Liability Co	ompany," the designation	"LLC" or the abbre	eviation "L.L.C,"
ter new principal offices address, if applicab	e: <u> </u>	130 Whipp	Miwroa	Dr.
incipal office address MUST BE A STREET		<u> </u>		
,		Irlando, FL	32825	
ter new mailing address, if applicable:				
ailing address MAY BE A POST OFFICE BO	 X)			
	<u> </u>			
	_			
If amending the registered agent and/or regi	stered office addr	ess on our records, 9	enter the name (of the new registe
ent and/or the new registered office address h	<u>ere</u> :			
,	.1 0			
Name of New Registered Agent:	<u> </u>		·	
New Registered Office Address:	`			
-		Enter Florida street e	address	
			_, Florida	
-	· 	City	17/11/44	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.

U A

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>	Address	Type of Action
	NIA		□Add
			□Remove
	,		□Change
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			□Change

Page 2 of 3

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f an effective date is listed, t Note: If the date inserted	than the date of filing: (optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 d in this block does not meet the applicable statutory filing requirements, this date will not be listed as e on the Department of State's records.
ne record specifies a The 90th day after	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed.
Dated 3/4/2	020
	Signature of a member or authorized representative of a member
	Timaine Williams Typed or printed name of signee