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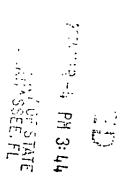
| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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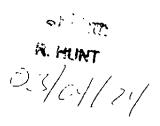
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## **COVER LETTER**

TO:

**Registration Section** Division of Corporations

Tallahassee, FL 32314

| LAW OFF SUBJECT:   | ICES OF CASEY J. WILLIAM                     | MS, PLLC  |   |               |
|--|--|---|---|---------------|
| SUBJECT:   | Name of Lin                                  | nited Liability Company   |   |               |
|  | Amendment and fee(s) are sub                 | -   |   |               |
| The contest of the co | ·  | to the following.   |   |               |
|  | Casey J. Williams                            |   |   |               |
|  |  | Name of Person  |   |               |
|  | Law Offices of Casey J. V                    | Villiams, PLLC  |   |               |
|  | ****   | Firm/Company  |   |               |
|  | 789 SW Federal Highway                       | , Suite 310   |   |               |
|  | · · · · · · · · · · · · · · · · · · ·        | Address   |   |               |
|  | Stuart, Florida 34994                        |   | ).<br> -  |               |
|  |  | City/State and Zip Code   |   | 312-4 PH 3:44 |
|  | cjwilliamsfsu@gmail.com                      |   |   |               |
|  |  | to be used for future annual report no                                    | ntification)  | သား<br>ယ 🖫    |
| For further information of   | concerning this matter, please c             | all:  | <del></del>   |               |
| Casey J. Williams  |  | 772 215-5753  | • • •   | _             |
| Name o   | of Person                                    |   | me Telephone Number   | _             |
| Enclosed is a check for the  | he following amount:                         |   |   |               |
| □ \$25.00 Filing Fee   | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | S60.00 Filing Certificate of Certified Cop (additional copy | Status &<br>y |
| Mailing Addres   |  | Street Address:   |   |               |
| Registration :<br>Division of C  |  | Registration S<br>Division of Co  |   |               |
| P.O. Box 6327  |  | The Centre of   |   |               |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAW OFFICES OF CASEY J. WILLIAMS PLLC (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 12/03/2019 and assigned Florida document number H19000349385 L19 ocu 28 3969 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Williams Law, P.L. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 789 SW Federal Highway Enter new principal offices address, if applicable: Suite 310 (Principal office address MUST BE A STREET ADDRESS) Stuart, Florida 34994 789 SW Federal Highway Enter new mailing address, if applicable: Suite 310 (Mailing address MAY BE A POST OFFICE BOX) Stuart, Florida 34994 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

## 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.

Ciry

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_

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

| Title | <u>Name</u>       | <u>Address</u>         | Type of Action                                     |
|-------|-------------------|------------------------|--|
| MGR   | Casey J. Williams | 789 SW Federal Highway | □Add   |
|       |                   | Suite 310              | □Remove  |
|       |                   | Stuart, Florida 34994  | <b>■</b> Change                                    |
|       |                   | <u></u>                | □Add   |
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| fective date, if other than the dan effective date is listed, the date must be tee: If the date inserted in this block | specific and cannot be βrior to | odate of filing or more than 9 | (optional)<br>Odays after filing.) Punents, this date wil | ersuant to 6<br>Il not be I | 605.020<br>isted a |
| cument's effective date on the Dep   |                                 |                                |   |                             | fter the           |
| ecord specifies a delayed effective o  | date, but not an effective tim  | ie, at 12:01 a.m. on the ear   | rlier of: (b) The 9                                       | 0th day ai                  |                    |
| ecord specifies a delayed effective of is filed.  February 28  | date, but not an effective tim  | ie, at 12:01 a.m. on the ear   | lier of: (b) The 9  | 0th day ai                  |                    |
| ecord specifies a delayed effective of is filed.  February 28  |                                 |                                |   | Oth day a                   |                    |

Filing Fee: \$25.00