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R. HUNT

03/04/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LAW OFFICES OF CASEY J. WILLIAMS, PLLC

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:

Casey J. Williams

Name of Person

Law Offices of Casey J. Williams, PLLC

Firm/Company

789 SW Federal Highway, Suite 310

Address

Stuart, Florida 34994

City/State and Zip Code

cjwilliamsfsu@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Casey J. Williams

772

215-5753

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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:**

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

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TALLAHASSEE, FL  
JAN 13 2011  
PM 3:44

**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 000283963

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."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

789 SW Federal Highway

Suite 310

Stuart, Florida 34994

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

789 SW Federal Highway

Suite 310

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*

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

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>         | <u>Type of Action</u>                      |
|--------------|-------------------|------------------------|--|
| MGR          | Casey J. Williams | 789 SW Federal Highway | <input type="checkbox"/> Add               |
|              |                   | Suite 310              | <input type="checkbox"/> Remove            |
|              |                   | Stuart, Florida 34994  | <input checked="" type="checkbox"/> Change |
|              |                   |                        | <input type="checkbox"/> Add               |
|              |                   |                        | <input type="checkbox"/> Remove            |
|              |                   |                        | <input type="checkbox"/> Change            |
|              |                   |                        | <input type="checkbox"/> Add               |
|              |                   |                        | <input type="checkbox"/> Remove            |
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|              |                   |                        | <input type="checkbox"/> Change            |

STATE OF FLORIDA  
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

100-44884-4 PH 3:44  
CLAY COUNTY  
CLAY COUNTY, IL


E. Effective date, if other than the date of filing: 03/01/2024 (optional)

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 28 2024

  
Signature of a member or authorized person

Signature of a member or authorized representative of a member

Casey J. Williams

Typed or printed name of signee

**Filing Fee: \$25.00**