L20000017218

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		COVER LETTER	
TO: Registration Se Division of Cor			\$
subject: Will	ams, Jerome Name of Limit	e T "LLC" ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following;	
	Jerome I	Williams Name of Person	
	Williams, Je	rome I. "LLC" Firm/Company	
	3542 Nano	cy Street Address	
	Jacksonvill	Le Florida 3 City/State and Zip Code	2209
	jerone William	ms 2060 amcul. to be used for future annual report not	COM illeation
For further information c	oncerning this matter, please ca	0	meanony
Jerone I.	Nilliams f Person	at (904) 982- Area Code Daytin	4805 ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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

> RECEIVED MAR 1 8 2021

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Williams Jerome I. "LLC" (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\underline{L20000017218}$.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
Williams Jerone I Painting & Cleaning ". The new name must be distinguishable and contain the words Limited Liability Company.	the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- -
(Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
, 	
B. If amending the registered agent and/or registered office address on cagent and/or the new registered office address here:	our records, enter the name of themew registered
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r Florida street address
City	, Florida

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 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>	Address	Type of Action
AMBR	Eddie Smith	3562 Nancy Street	□Add
		Jacksonville A. 32209	⊠ Remove
			□Change
AMBR	2 Anthony Taylor	3562 Nancy Street	□Add
	J	3562 Nancy Street Jacksonville, Fl 32209	□Remove
		To-MGR	⊠ Change
			🗆 Add
			□Remove
			□ Change
			□Add
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			□Change

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m ef ote:	ive date, if other than the date of filing: [cetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ecoi is fi	d 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 led.
ited	March 15, 2021
	M. Josome Millions Signature of a member or authorized representative of a member
	Mr. Jerome I. Williams
	Ma Trace T w/1/2

Filing Fee: \$25.00