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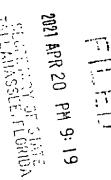
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|----------|--------------------------------------|-------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| CUDIC | Jeremiah Wi | Iliams LLC | | ' |
| SUBJE | .c.: | Name of Lim | ited Liability Company | |
| The end | closed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please 1 | return all correspor | ndence concerning this matter | to the following: | |
| | | JEREMIAH WILLIAMS | | |
| | | | Name of Person | |
| | | JEREMIAH WILLIAMAS | SLLC | |
| | | | Firm/Company | |
| | | 4310 NE 6TH AVE | | |
| | | _ | Address | |
| | | POMPANO BEACH FL 3 | 3064 | |
| | | | City/State and Zip Code | . , , , , , , , , , , , , , , , , , , , |
| | | GOLDTEETHSCRAPPER | - | |
| | | E-mail address: (| to be used for future annual report notifi- | cation) |
| For furt | her information co | ncerning this matter, please co | all; | |
| JEREM | 11AH WILLIAMS | | 754 245-7433 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclose | ed is a check for the | e following amount: | | |
| □ \$2£ | 5.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEREMIAH WILLIAMS LLC

(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 | y were filed on $3 - 1 - 3$ | 2021 and assigned |
| Florida document number <u>L 2/000 /00 36</u> 9 | | 20 |
| This amendment is submitted to amend the following: | | FILL F |
| A. If amending name, enter the new name of the limited lial | bility company here: | L TT |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation " | LLC" or the abbreviation "L.C." |
| Enter new principal offices address, if applicable: | | 981 9 |
| (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 agent and/or the new registered office address here: | address on our records, <u>en</u> | ter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| - | Enter Florida street add | dress |
| | , | 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 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

| | U | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|---------------------------------------|----------------|
| MGR | JEREMIAH WILLIAMS | 4310 NE 6TH AVE POMPANO BEACH FL 3306 | 4 ■Add |
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| fan effective date <u>Note:</u> If the dat | is listed, the date e inserted in thi | the date of fil must be specific is block does no ie Department o | and cannot be price of meet the appl | icable statutory | g or more than 90 filing requiren | (optiona days after filin nents, this da | | it to 605.020 be listed as |
| record specified is filed. | s a delayed effe | ctive date, but r | not an effective | time, at 12:01 | a.m. on the ear | ier of: (b) | The 90th da | ay after the |
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Filing Fee: \$25.00



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company JEREMIAH WILLIAMS LLC

Eiling Information

Document Number

L21000100369

FEI/EIN Number

NONE

Date Filed

03/01/2021

Effective Date

02/26/2021

State

FL

Status

ACTIVE

Principal Address

4310 NE 6TH AVE

POMPANO BEACH, FL 33064

Mailing Address

4310 NE 6TH AVE

POMPANO BEACH, FL 33064

Registered Agent Name & Address

WILLIAMS, JEREMIAH

4310 NE 6TH AVE

POMPANO BEACH, FL 33064

Authorized Person(s) Detail

NONE

Annual Reports

No Annual Reports Filed

Document Images

03/01/2021 -- Florida Limited Liability

View image in PDF format

I don't have authorized

person.