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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Jeremiah Williams 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:

JEREMIAH WILLIAMS

\_\_\_\_\_  
Name of Person

JEREMIAH WILLIAMS LLC

\_\_\_\_\_  
Firm/Company

4310 NE 6TH AVE

\_\_\_\_\_  
Address

POMPANO BEACH FL 33064

\_\_\_\_\_  
City/State and Zip Code

GOLDTEETHSCRAPPER@GMAIL.COM

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

For further information concerning this matter, please call:

JEREMIAH WILLIAMS

754 245-7433  
at ( ) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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

**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 were filed on 3-1-2021 and assigned  
Florida document number L21000100369

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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	JEREMIAH WILLIAMS	4310 NE 6TH AVE POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
 (If an effective date is indicated, the date must be at least 15 days before the date of filing.)

(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 4-16-2021

Jeremiah Williams  
Signature of a member or a

Signature of a member or authorized representative of a member

Jeremiah Williams

Typed or printed name of signee

**Filing Fee: \$25.00**



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## Detail by Entity Name

Florida Limited Liability Company  
JEREMIAH WILLIAMS LLC

### Filing 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.  
Filing  
amendment