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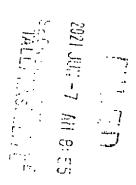
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COVER LETTER

TO: Registration Sec Division of Corp		•		
SUBJECT: ゴムい	es Williams Co Name of Lim	onso Hine LLC		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	James R.	Williams Nume of Person	·	
	JAMES WILL	I AUS CONSULTA Firm/Company	14 LLC	
	7987 Bear	mont Ct. Address		
	Naples, Flor	ide 34109 City/State and Zip Code		2
	JW(LLIAMS IA E-mail address: (IVESTI GATIONS (G) G to be used for future annual report notific	-MAIL-COM cation)	2021 JUN
For further information con	ncerning this matter, please c	all:		
James R. Will Name of	Person	at (239) 253- Area Code Daytime (ACTEL NATE ', (23	4701 Telephone Number (1)777 - 3276	- An 3
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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

James Williams Consilting	LLC
(Name of the Limited Liability Company as It (A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were fi Florida document number <u>レ21ダダロウ75∳6</u> .	iled on March 5, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	- - 1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	(n
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Ci	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBa	James R. Williams	7987 Beaumont Ct.	
		Nuples, Fl 34109	Remove
			Change
			□Add
			Remove
			Change
			□Remove
			Change
			□ Add □ □ Change, ○ C
			□Remove
			□Change,
			 □Add
			□Remove
			□Add

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If amending any other information, enter change(s) here: (Attach additional she	
	<u></u>
Effective date, if other than 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 Source. If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will not be listed as t
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eard is filed.	urlier of: (b) The 90th day after the
Dated JUNE 4 , 2021	
Signature of a member or authorized representative of a mem	nber
Janes R. Wille Come	

Filing Fee: \$25.00