## LZZ 000069131

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Y. SCOTT APR 16 2022

## **COVER LETTER**

TO:	ction Porations	
SUBJECT: Willia.	os Detail LLC.  Name of Limited Liability Company	
	of Amendment and fee(s) are submitted for filing.	
	Frank Williams Name of Person	2022 HAR
	Williams Bros Detail LLC.	
	Firm/Company	
	9 Cedar Run Court Address	D 2: 38
	Ocala,FL 34472	
For further information of	Williamsbrosdetail@ouylook.com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:	
	evinesting this matter, preside eart.	
Frank Williams Name o	at ( 3552 ) 3005975 of Person Area Code Daytime Telephone Number	-
Enclosed is a check for t	the following amount:	
<b>≇</b> \$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fe Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &
Mailing Addre Registration Division of C		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on <u>february 10, 2022</u> and assigned
Florida document number <u>L22000069131</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
williams Bros Detail LLC.	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9 cedar run court
Principal office address MUST BE A STREET ADDRESS)	Ocala Fl, 34472
	2022
Inter new mailing address, if applicable:	(i)
Mailing address MAY BE A POST OFFICE BOX)	on the second se
	975 & & & & & & & & & & & & & & & & & & &
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regist
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>	Address	Type of Action
AMBR	Frank Williams	9 Cedar Run Court Ocala FI, 34472	<b>=</b> Add
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etive date, if other than t effective date is listed, the date i e: If the date inserted in this iment's effective date on the	nust be specific and can block does not meet	mot be prior to d the applicable	ate of filing or me	ore than 90 days a	ptional; ther filing this date	g) Pursua	mt to 605,0 ot be listed
cord specifies a delayed effectiled.	tive date, but not an	effective time,	at 12:01 a.m. c	on the earlier of	:(b) T	he 90th	day after t
ed March 17	2	2022					
	Signature of a men			8 .			<u></u>