

L22000199550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

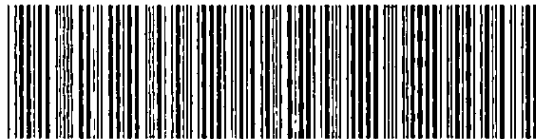
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2022 MAY 23 PM 1:39 2022 MAY 23 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
MAY 24 2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: 60.00
AUTHORIZATION SIGNATURE: _____

M&M Williams Transportation, LLC L22000199550
BUSINESS (Name)

Document #

___ Walk in

___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

X Certified Copy (please stamp each page)

X Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
X Limited Liability
___ Domestication
___ Other
___ CORP

AMMENDMENTS

___ Amendment
___ Resignation of R.A., Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ Conversion

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement
___ Domestication of Foreign Corp.

ER'S INITIALS: _____

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2022 MAY 23 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FL

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2022 MAY 23 AM 8:23
TALLAHASSEE, FL 0909

COVER LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: M&M Williams Transportation, LLC

Name of Limited Liability Company

2022 MAY 23 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Y. Williams

Name of Person

JMC Multi Services, LLC

Firm/Company

2893 W Sunrise Boulevard

Address

Fort Lauderdale, FL

City/State and Zip Code

jmcelsys@gmail.com

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

For further information concerning this matter, please call:

Christina Y. Williams

954

791-1701

at ()

Name of Person

Area Code

Daytime Telephone Number

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**

FILED

M&M Williams Transportation, LLC

2022 MAY 23 PM 1:32

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/27/2022 and assigned
Florida document number L22000199550.

This amendment is submitted to amend the following:

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

M & M Williams Transportation, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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

P. O. Box 5025

Lighthouse Point, FL 33074

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

Registered Agent's Signature, if changing Registered Agent:

by 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

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2022 MAY 29 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FL

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input 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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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

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TALLAHASSEE, FL

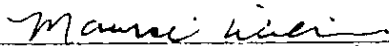
Effective date, if other than the date of filing: May 19, 2022 (optional)

(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 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 document is filed.

dated May 19 2022



Signature of a member or authorized representative of a member

Maurice A. Williams

Typed or printed name of signee

Filing Fee: \$25.00