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37, From 15, 2011: 53

SUBJECT: Williams Boyz Pro	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Brown	Williams Name of Person
Williams	Byz Pressure Wasting LLC Firm/Company
11756	Raven dr West
Jacks	Onville, FL 32218 City/State and Zip Code
	illians 904 @ gmail. com ss: (to be used for future annual report notification)
For further information concerning this matter, pleas	
Broon Williams Name of Person	at (904) 600 - 1377 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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

Williams Boy's (Name of the Limite)	2 Pressure d Liability Company A Florida Limited Liab	as it now appears o	n our records.)	
The Articles of Organization for this Limited Lia Florida document number L220502	ability Company wa		_	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabilit	y company here	:	
The new name must be distinguishable and contain the wo	ards "Limited Liability	Company "the design	unation "I I ("" or the abl	previation" L.C."
Enter new principal offices address, if applica		Company. The desig	indicate the test of the test	
(Principal office address MUST BE A STREET	<u>[ADDRESS)</u>			(,)
	-			
Enter new mailing address, if applicable:	_			& &
(Mailing address MAY BE A POST OFFICE E	<u>30X)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:			ords, <u>enter the nam</u>	e of the new registered
New Registered Office Address:			Street arbitrass	
		ville City	street address, Florida	32209 Zip Code
New Registered Agent's Signature, if changing R	egistered 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>	(Tor Antwork RA)	Address	Type of Action
<u>G.A</u>	(Inc Authority RA) Trevor Rowley	390 North Orange are Ste 2300-N Orando, FL 32801	□Add
		2300-N Onardo, FL 32801	ERemove
			□Change
		<u> </u>	□Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
I want to give good yall my Ein cause	I
didn't have it at the time I filed my	1
annual Report Ein 92-3403054	1
444 Jan 194 2 10003 4	-
	
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E. Effective date, if other than the date of filing:	Pursuant to 605,0207 (3)(b) ill not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The record is filed.	90th day after the
	٠
Dated	
	
Signature of a member or authorized representative of a member Brean L. Williams Typed or printed name of signer	- []
200 i 100 i	် <u> </u>
DICON L. Williams Typed or printed name of signer	တ <u>ယ</u>

Filing Fee: \$25.00