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COVER LETTER

TO:

Registration Section

Division of Corp	orations			
SUBJECT: WILLIAM	ms Elite Logis	stic Services, LL	<u>C</u>	
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:		
	Tom Will	ams III		
		Name of Person		
		Firm/Company		
	22-25			
	<u> </u>	149th Ln	_	
		Address		
	Duinmerti	eld, FL 34491 City/State and Zip Code		
	1	City/State and Zip Code		
	TOM - Well F-mail address:	to be used for future annual report notif	ication)	2024
For further information co	ncerning this matter, please c			; ;
				CIT .
Tom William	ns 111	at (352) 270 - Area Code Daytim	7779	_ 📻 :
Name of 1	Person	Area Code Daytim	e Telephone Number	AII II: 03
			· <u>-</u> 1	្រួន
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of Signature of Signature Copy (additional copy is	tatus &
Mailing Address		Street Address:		
Registration Se Division of Co		Registration Sec Division of Cor		
P.O. Box 6327	•	The Centre of T	•	
Tallahassee, Fl	L 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

will a File I in C

(Name of the Limited Liability	YCompany as it now appears on o Limited Liability Company)			
The Articles of Organization for this Limited Liability C	ompany were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	03/9099	and assigned	
Florida document number <u>L 2200042453</u>	<u>_</u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit				
Milliams Elite Logistics The new name must be distinguishable and contain the words "Lim	SILLC			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	tion "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)			
		·	2a2-	
			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			1	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	ls, enter the name	of the new registere	<u>d</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida sti	reet address		
<u> </u>		, 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 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>	Name	Address	Type of Action
			□Add
			🗆 Remove
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n effe <u>ete:</u>	ve date, if other than the date of filing:
ecord is file	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
ted_	November 1 auay
	Signature of a member or authorized representative of a member
	_
	Ton Williams III Typed or printed name of signee