L22000448177

(December le Ne	
(Requestor's Na	me)
(Address)	
(Address)	
(City/State/Zip/P	hone #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Coomsou Cinn)	,
(Document Num	hor)
(Bocument Muni	Del)
Certified Copies Certific	cates of Status
Special Instructions to Filing Officer	





000421883590

01/16/24--01012--016 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: D&D William Name of	Sholiday LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for tiling.
Please return all correspondence concerning this man	tter to the following:
Evelyn	Dianne Williams Name of Person
D&D Wil	lians Atlas LLC Firm/Company
1980 S.S	uncoast Blvd, Unit 1
Homosass	Sa, FL 34448 City/State and Zip Code
Kim. Strig E-mail addres	cklande fandh. net ss: (to be used for future annual report notification)
For further information concerning this matter, pleas	se call:
Evelyn D. W. Iliams	at (362) 352.651.5244 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O & D Williams Holiday LLC (Name of the Limited Liability Company as it now appears on	our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Lagoouth 177 Florida document number	06 18, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: D D D D D D D D D	ation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	15 (5) (5) (5) (5) (6) (6) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8
	- G-
B. If amending the registered agent and/or registered office address on our record agent and/or the new registered office address here:	ds, enter the name of the new registered
Name of New Registered Agent:	, t
New Registered Office Address: Enter Florida st	reet address
City	, Florida
C.IV	zin Coae

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
			□Add
			Remove
			□Change
			□ Add
			□Remove
		□Change	
		□Add	
			□Remove
			□ Change
		□Add	
			□Remove
			
		□Add	
			Remove
			□Change
		□Add	
			□Remove
			□ Chanus

_	
-	
If an effect Note: If	e date, if other than the date of filing:
e record s rd is filed	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
Dated	Signature of a member or authorized representative of a member
	- Yely - Jell
	Signature of a member of authorized representative of a member