## L23000187121

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(riuc	11033)	
(City	//State/Zip/Phone	e #)
☐ blck-nb	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
(500	zamoni riamber,	
	<b>-</b>	
Certified Copies	, Certificates	of Status
Special Instructions to F	iling Officer:	
	·	

Office Use Only



900418348309

11/03/23--01027--007 \*\*25.00



Omend

NOV 1 6 2023 D CUSHING

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
WILLI	AMS CLAIR RESTAURANTS, LLC		
SUBJECT:	Name of Limited Liability Com	pany	
The enclosed Article	s of Amendment and fee(s) are submitted for filing.		
Please return all corr	espondence concerning this matter to the following:	:	
	Eddie Williams		
	Name of Pe	erson	
	Firm/Comp	pany	
	1100 Kings Rd, Unit 41363		
	Address	<b>S</b>	
	Jacksonville, FL 32203		
	City/State and Z eddie.williams.027@gmail.com	/ip Code	
	E-mail address: (to be used for futur	re armual report notification)	
For further informati	on concerning this matter, please call:		202
Eddie Williams	904 at (	772-4433	2023 NOV -3
Na	ne of Person Area C	Code Daytime Telephone Number	
Enclosed is a check	or the following amount:		PH 2:
<b>■ \$25.00</b> Filing Fe	Certificate of Status Certified		Fep. 4 En Status &

TO:

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

## WILLIAMS CLAIR RESTAURANTS, 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  $\frac{04/17/2023}{1}$ Florida document number 1,23000187121 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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) B. 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 City 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TERRANCE J CLAIR	1100 KINGS RD UNIT 41363	
		JACKSONVILLE, FL 32203	■Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			□Add
			Remove
			□Change
	<u> </u>		□Add
			□Remove
			☐ Change
			□Add
			□ Change
	-		□Add
			□Remove
			□ Change

	<u> </u>		<u></u>	<del></del>
	<del></del>			
				<del></del>
<del></del>				
			<u> </u>	
	•	, <del></del>		<del> </del>
	<del> </del>			<del></del>
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
				<del></del>
· · · · · · · · · · · · · · · · · · ·			<u></u>	
. Effective date, if other than the	date of filing: 11/1/23		(optional)	
(If an effective date is listed, the date mus	t be specific and cannot be pr	ior to date of filing or mor	re than 90 days after filing.)	Pursuant to 605.0207 (3
Note: If the date inserted in this bloodcument's effective date on the Do	ock does not meet the app epartment of State's recor	licable statutory filing ds.	requirements, this date t	wiit not be fisted as th
	•			
the record specifies a delayed effective	e date, but not an effective	e time, at 12:01 a.m. or	n the earlier of: (b) The	90th day after the
cord is filed.			,	
Dated October 31st	2023			
Lodon Wil				
Lolone Wil	Uo) Signature of a member or au		<u> </u>	
	Signature of a member or au	thorized representative of	of a member	
Eddie Williams				
	Typed or pr	inted name of signee	<del></del>	· · - · · · -

Filing Fee: \$25.00