

L23000199105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

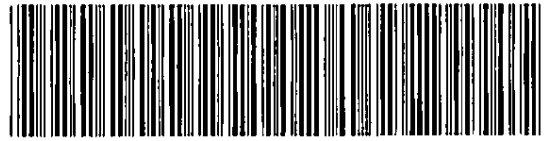
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700407792367

00 02 09 01 09 001 0000

RECEIVED
MAY 2 2023 2:17 PM
TALLAHASSEE STATE
OFFICE OF REVENUE
TALLAHASSEE, FL

RECEIVED
R. HUNT
05/06/23

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: R WILLIAMS TRANSPORT LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

HILDA DIAZ
Name of Person

R WILLIAMS TRANSPORT LLC
Firm/Company

7106 N 50 ST
Address

TAMPA, FL 33617
City/State and Zip Code

RWILLIAMSTRANSPORTLLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

FILED
2009-01-22 PM 2:17
TALLAHASSEE, FL
STATE

For further information concerning this matter, please call:

HLDA DIAZ at (813) 422-0974
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**

R WILLIAMS TRANSPORT 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 4/21/2023 and assigned Florida document number L23000199105.

This amendment is submitted to amend the following:

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

R WILLIAMS TRANSPORT 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)

HILDA DIAZ

7106 N 50 ST

TAMPA, FL 33617

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:

HILDA DIAZ

New Registered Office Address:

7106 N 50 ST

Enter Florida street address

TAMPA

Florida


33617

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER	HILDA DIAZ	7106 N 50 ST	<input checked="" type="checkbox"/> Add
		TAMPA . FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	RAVIS WILLIAMS	7106 N 50 ST	<input checked="" type="checkbox"/> Add
		TAMPA . FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

COUNTY OF HILLSBORO
 CLERK OF STATE
 TAMPA, FL
 2 PM 2:17

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

Multiple horizontal lines for amending information.

FILED
APR 27 2023
PH 2:17
DEPARTMENT OF STATE
HONOLULU, HAWAII

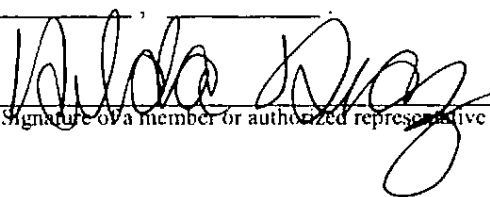
E. Effective date, if other than the date of filing: 4/21/2023 (optional)

(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 the 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 record is filed.

Dated APRIL 27, 2023


Signature of a member or authorized representative of a member

HILDA DIAZ

Typed or printed name of signee