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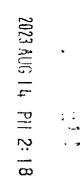
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## COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Williams Realty Partners, LLC SUBJECT: 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: Scott Williams Name of Person Williams Venture Partners, LLC Firm/Company 3512 Guppy Ct Address Jacksonville, FL 32226 City/State and Zip Code scottwill01@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Williams 553-7386 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☑ \$30.00 Filing Fee & ☐ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Williams Realty Partners, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida	Limited Liability Company)			
The Articles of Organization for this Limited Liability Co	ompany were filed on 6/5/2023	and assigned		
Florida document number L2300270119	_·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
Williams Venture Partners, LLC				
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>e</u>	nter the name of the new regis		
agent and/or the new registered office address nere.				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street a	uldress		
<del></del>	City	_, Florida 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

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e record specifies a delayed rd is filed.	d effective date, but not	an effective time, at 12	:01 a.m. on the earlier (	of: (b) The 90	th day after th	ıe
Dated Aug	ust 8	, <u>2023</u> .				
	Signature of a	with member or authorized repr	resentative of a member			