L24 000056234

(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: A A A A A A A A A A A A A A A A A A A





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2024 APR - 1 AM 10: 15



Division of Corporations

March 8, 2024

PILAR WILLIAMS 188 WEST DR CARROBELLE,FL 32322

SUBJECT: P WILLIAMS CONSTRUCTION, LLC

Ref. Number: L24000056234

We have received your document for P WILLIAMS CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Kiora Hester Regulatory Specialist II

Celyrophed

Letter Number: 724A00005153

APR - | AM 10: 19

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Williams C Name of Lim	MSMW LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Name of Person [Iliams Consider Firm/Company]	
		Address Address City/State and Zip Code Code Code Code Code Code Code Code Code	2024 APR -1 AH IR 2322 SSECTION fication)
For further information cor	neerning this matter, please co		_
Pilae Wi	111 Claus Person	at (<u>\$50</u>) <u>\$67-</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	S30.00 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)
Registrat Division P.O. Box	tion Section of Corporations	STREET/COURT Registration Section Division of Corpor Clifton Building 2661 Executive Ce	en cations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	chstriction/LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records. rida Limited Liability Company))
The Articles of Organization for this Limited Liability		and assigned
Florida document number <u>L2400056</u>	23.4	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
Pillar Perfect (Construction, LCC	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC"	or the abbreviation 3.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)SAME	
		SEE TO O
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u></u>
	 	
B. If amending the registered agent and/or re	onictored office address on our records	enter the name of the nex
registered agent and/or the new registered office a		ence the name of the nex
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DIAM

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 = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Remove
			Change
			2022 Reprove
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			☐ Remove
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i effective da <u>te:</u> If the d	e, if other than ate is listed, the date date inserted in thi frective date on th	must be specifis block does	ic and cannot l not meet the	applicable s	of filing or m atutory filin	ore than 90 days	optional) after filing.) Po , this date wil	rsuant to 60 l not be lis)5,020 sted a
	pecifies a dela day after the			out not an	effective t	ime, at 12:0	01 a.m. on	the earl	lier c
ted	3/10/24		-10 m	·					
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Page 3 of 3

Filing Fee: \$25.00