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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
elib tece	Williams Se	chweitzer Invest LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Julie Williams		
		- 5:30	Name of Person	
		Williams Schweitzer Inves	st LLC	
			Firm/Company	
		851 Gardener Rd.		
			Address	
		Rockledge, FL 32955		
			City/State and Zip Code	
		juliemwilliams321@gmail.	com to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please c		AITCANON)
Julie Williar	TIS		321 543-3970	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
	ranc o	reison	Alea Code Dayu	me receptione Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
· · · · · · · · · · · · · · · · · · ·	iling Addres gistration S		Street Address: Registration S	ection
Div	rision of C	orporations	Division of Co	
). Box 632		The Centre of	
Tal	lahassee, I	L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Williams Schweitzer Invest LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)
ne Articles of Organization for this Limited Liability Company were filed on	02/07/2024 and assigned
orida document number <u>L24000069758</u>	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company	here:
N/A	
ne new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L_L.C."
-t	
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	702) H.A.
)
	
. \ \ A	
nter new mailing address, if applicable: NA	
failing address MAY BE A POST OFFICE BOX)	 دم
tuning unit con in in the control of	:\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot
	-
If amending the registered agent and/or registered office address on our ent and/or the new registered office address here: Name of New Registered Agent:	r records, <u>enter the name of the new regis</u>
New Registered Office Address:	Florida street address
- 	
	, Florida
City	7in 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 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
MGR	Julie Williams	851 Gardener Rd. Rockledge, FL 32955	≅Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			
			□Remove
			Change
			
			□Remove
			Change
			□Add
			□Remove
			□Change

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note	ctive date, if other than the date of filing:
If the rec	ford 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 filed.
If the rec record is	
If the rec record is	03/07/2024 A