L24000333970

(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:



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COVER LETTER

4/14/2025

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TO:		istration Sec ision of Corp				
		SOMETHIN	G LIKE THAT LLC			
SUBJE	CT:		Name of Limi	ted Liability Company		_
			Amendment and fee(s) are subradence concerning this matter t			
			ANGELA M HAYWARD	,		
				Name of Person	-	
			SOMETHING LIKE THA	TLLC		
				Firm/Company		
			6090 N BLUE BREAM TE	ER		
				Address		
			HERNANDO , FL 34442			
				City/State and Zip Code		_ •
			RCWILLIAMS2026@GM/	AL.COM to be used for future annual rep	ort notification)	7025 SE0
For fur	ther i	nformation co	ncerning this matter, please ea		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2025 HAR -5 SECRETABLE
ROBE	RT C	OLBURN W	TILLIAMS	352 453-2 at ()		
		Name of	f Person	Area Code	Daytime Telephone Nun	3 2: 22
Enclos	ed is	a check for th	ne following amount:			c. 2
₩ \$2	5.00	Filing Fee	(1) \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi Certi	0 Filing Fee, ficate of Status & fied Copy fonal 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

SOMETHING LIKE THAT 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 $\frac{07/29/2024}{L24000333970}$.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
WILLIAMS FAMILY FURNITURE AND THRIFT 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)	
	70251 SEC
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 na agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	

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.

City

SENT TO Shantelli Browne Dos. Fl. 60V 4/14/2025

If Changing Registered Agent, Signature of New Registered Agent

If *mending 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			[T]Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			(☐Change
			[]Add
			Remove
			☐ Change

	<u>like</u>
	CORRECTION TO W25000049696
	PREPAID WITH CASHIER CHECK 4002338858
Note	tive date, if other than the date of filing: (optional) (fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ne reco	ord 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.
	04/14/2025
Date	,
	Signature of a member or authorized representative of a member Robert Colbins Signature of a member of signer of si

Filing Fee: \$25.00