

L24 000 333 970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

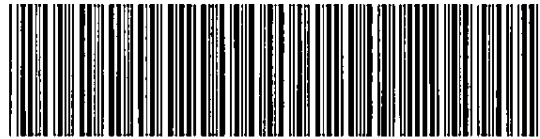
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/05/25--01013--007 **25 00

SECRETARY OF STATE
TALLAHASSEE, FL
2025 MAR -5 PM 2:22

213
14-15-25

COVER LETTER

4/14/2025

TO: Registration Section
Division of Corporations

SUBJECT: SOMETHING LIKE THAT 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:

ANGELA M HAYWARD

Name of Person

SOMETHING LIKE THAT LLC

Firm/Company

6090 N BLUE BREAM TER

Address

HERNANDO, FL 34442

City/State and Zip Code

RCWILLIAMS2026@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT COLBURN WILLIAMS

352

453-3176

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FL 32303

2025 MAR -5 PM 2:22

FILED

SOMETHING LIKE THAT LLC

SENT TO
Shantell.
BROWN@DOS.FI.GOV
4/14/2025

If recommending 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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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

CORRECTION TO COMPANY NAME FROM SOMETHING ~~BOX~~ THAT TO WILLIAMS FAMILY FURNITURE

Like

CORRECTION TO W25000049696

PREPAID WITH CASHIER CHECK 4002338858

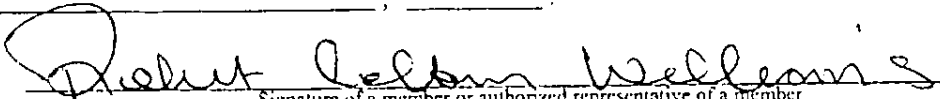
E. Effective date, if other than the date of filing: _____ (optional)

(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 04/14/2025


Signature of a member or authorized representative of a member

Robert Colburn Williams
Typed or printed name of signer

Filing Fee: \$25.00