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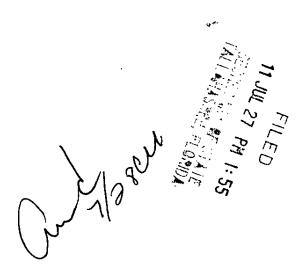
(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Williams Grou	p And Associates, IN	C
DOCUMENT NUM	IBER: N10000006180		
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corr	espondence concerning this matt	er to the following:	
		ni Williams	
	(Name of	Contact Person)	
	Williams Group	And Associates, INC	
	(Firm	/ Company)	-
	1271 W	indingdale St	
	(A	Address)	
	Palm B	ay/FL 32909	
	(City/ Stat	ee and Zip Code)	the state of the s
		em@aol.com I for future annual report not	fication)
For further informati	on concerning this matter, please	call:	
Naomi Williams		at (407) 744-6 (Area Code & Da	6950
(Name	of Contact Person)	(Area Code & Da	ytime Telephone Number)
Enclosed is a check f	or the following amount made pa	ayable to the Florida Departn	nent of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corpor Clifton Building 2661 Executive Corpor Tallahassee, FL 32	rations enter Circle

Articles of Amendment to Articles of Incorporation of

Williams Group And Associates, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N10000006180 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Secretary	Navidia L. Williams	1271 Windingdale St Palm Bay, FL 32909	☐ Add ☑ Remove
* <u>See</u> all	-achment foradditions		Add Remove
			Add Remove
A. Said organization of corresponding scientific purpose that qualify a Code, or con B. Upon the exempt purpor corresponding scientific purpose sc	emment, or to a state or local government, or to a state or local government.	for charitable, religious, educies, the making of distribution ction 501(c)(3) of the Internal federal tax code. ssets shall be distributed for con 501(c)(3) of the Internal Retax code, or shall be distributed	to organizations Revenue one or more evenue Code, ted to the
	lisposed of shall be disposed of by	· · · · · · · · · · · · · · · · · · ·	<u> </u>
· · · · · · · · · · · · · · · · · · ·	principal office of the organization		
	to such organization or organization or organization and operated exclusively for su		irmine, which

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary) **Type of Action** <u>Title</u> **Name** <u>Address</u> Dir. Sonia Grant 348 Deer Run Rd ☑ Add ☐ Remove Palm Bay, FL 32909 Deon A. Moore Dir. 3228 Hall Rd SE Dir. Feidler Jean-Baptiste ☑ Add 574 Malabar Rd SW ☐ Remove Apt #205 Palm Bay, FL 32905 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 07/12/2011			
Effective date <u>if applicable</u> :	(date of adoption is required)		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s)		
There are no members or mem adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.		
Dated_07/11/20			
Signature <u>1/0</u>	oni Williams		
(By the have no	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)		
_	Naomi Williams		
	(Typed or printed name of person signing)		
	Vice President		
_	(Title of person signing)		