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SECRETARY OF STATE

** SULKER NOV 0 6 2019

COVER LETTER

Walker &	Raynal, DMD's P.L.		
20112 102 202		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dr. David L. Walker		
		Name of Person	
	Walker & Barr, DMD, PL	LC	
		Firm/Company	
	212 N. Moon Avenue		
		Address	<u> </u>
	Brandon, FL 33510		
	10 1	City/State and Zip Code	
	walkerraynal@gmail.com	to be used for future annual report notif	ication)
for further information	concerning this matter, please co		iculon,
David L. Walker		813 689-5928	
Name	of Person	at () 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Walker & Raynal, DMD's P.L.		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our reco mited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con	npany were filed on 01/11/2000	and assigned
Florida document number L0000000403		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Walker & Barr, DMD, PLLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	7.0 20
		T SOCT
Enter new mailing address, if applicable:		See Property
Mailing address MAY BE A POST OFFICE BOX)		mon Right
mann, unaress mar bear 1000 of the body		PART TO A STATE OF THE STATE OF
		27 S
3. If amending the registered agent and/or register	ed office address on our reco	-
egistered agent and/or the new registered office addres		rus, enter the hame of the he
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	l _{ress}
	City	Florida
	City	zip 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager		
AMBR =	Authorized	Member	

<u>Title</u>	<u>Name</u> Eric C. Raynal	Address	Type of Action
S	·		
			■ Remove
	Sarah R. Barr		☐ Change
MGR	Odidii K. Daii		B Add
			Remove
			□ Change
			Add
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	1.1		Add
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(If an effective of Note: If the	late is listed, the d date inserted in	in the date of f ate must be specifi this block does r the Department	e and cannot be prior meet the app	licable statutory	or more than 90 da filing requiremen	(optional) ys after filing.) Pursua its. this date will no	ant to 605.0207 (3 of he listed as th
		layed effective record is fil		not an effecti	ve time, at 12	2:01 a.m. on th	e earlier of:
Dated	10/15	1201	9.4	·			
	<u> </u>	Signature	of a member of a	DIII) ubarized represent	ative of a member		
	,		_				

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Filing Fee: \$25.00