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M. THOMAS

DEC 29 2008

**EXAMINER** 

## **COVER LETTER**

. ,	Company Certified Public Accountants Professional Li (Name of Limited Liability Company)		•				
. ,	the state of the state of	:		, 4	·. ·	٠,	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.				,		
Please return all correspo	indence concerning this matter to the following:						
	R Keith Walton						
	(Name of Person)						
	R Keith Walton LLC						
	(Firm/Company)		·				
	2101 NW Second Avenue Suite 5						
	(Address)						
	Boca Raton, FL 33431						
	(City/State and Zip Code)						
For further information c	oncerning this matter, please call:				SECS MALLAN	08 DEC	
Keith Walton	at ( 561 ) 395-66	53			な記	C 2	•

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

(Name of Person)

Enclosed is a check for the following amount:

☑ \$25.00 Filing Fee

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(Area Code & Daytime Telephone Number)

**□\$**60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

Walton & Company Certified Public Accountants Professional Limited Liability Company

(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 Liabi	lity Company were filed on	September 30, 2002	and assigned		
Florida document number L02000025850	·				
This amendment is submitted to amend the followi	ng:				
A. If amending name, enter the new name of th	e limited liability company	<u>here</u> :			
R Keith Walton LLC					
The new name must be distinguishable and end with th 'L.L.C."	e words "Limited Liability Co	ompany," the designation "LL	C" or the abbreviation		
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	DDRESS)				
	<u></u>		Z.c. 2		
Enter new mailing address, if applicable:		Ž	<u> </u>		
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>				
		,	F SALE		
			5		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address	on our records, enter the	e name of the new		
registered agent and/or the new registered office	address here.				
Name of New Registered Agent:					
New Registered Office Address:					
-	(Enter Florida street address)				
	, 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 608, 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title **Address Type of Action** Name ☐ Add Remove ☐ Add Remove **↑** Add Remove Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 20008 Dated December 2 Signature of a member or authorized representative of a member R Keith Walton Typed or printed name of signee

If a mending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00