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EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -6 AM 10:19

Walters • Zackria Associates

Architecture • Planning • Design

Robert S. Walters, AIA
President

Abbas H. Zackria, CSI
Vice President

April 4, 2011

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
11 APR -6 AM 10:19

To Whom It May Concern:,

Please see enclosed form and check to amend the Articles of Organization of a Florida Limited Liability Company.

Sincerely,



Josephine Lachica
Office Manager
Walters Zackria Associates, PLLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Walters Zackria Associates, PLLC
Name of Limited Liability Company

FILED
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DIVISION OF CORPORATIONS
11 APR -6 AM 10:19

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Walters

Name of Person

Walters Zackria Associates, PLLC

Firm/Company

620 SE 1st Street

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

walters_zackria@bellsouth.net

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

For further information concerning this matter, please call:

Abbas Zackria

Name of Person

at (954)

522-4123

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**

WALTERS ZACKRIA ASSOCIATES, PLLC

(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 2/9/11 and assigned
Florida document number L04000071177.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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11 APR -6 AM 10:19

B. If amending the registered agent and/or registered office address on our records, enter the 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

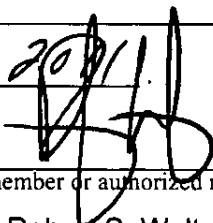
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANTHONY M. SCALA	620 SE 1ST STREET FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

April 4, 2011



Signature of a member or authorized representative of a member

Robert S. Walters, AIA

Typed or printed name of signee