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J. BRYAN

SEP 21 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	Mark	Walters, LLC		
			ited Liability Company		
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
			Name of Person		
	Mark Walters, LLC				
		——————————————————————————————————————	Firm/Company	10g 5	
		E S T			
	1126 15th Ave. N. Address				
	St. Petersburg, FL 33704				
		SEP 20 PM 3:2 SEP 20 PM 3:2 LLANASSEE, FLORE			
		mjw	@waltersandworth.com to be used for future annual report notification)		
For fur	ther information	concerning this matter, please	·	ν	
	M	ark J. Walters	at (727) 742-3	091	
	Name	of Person	Area Code & Daytime Telepho	ne Number	
Enclos	ed is a check for	the following amount:			
\$25	5.00 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		tration Section ion of Corporations Box 6327	STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mark Wal	ters, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	Oct 8, 2004	and assigned
Florida document numberL0400073559			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
Walters and \	Worth, LLC		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Comp	any," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			. 5
(Principal office address MUST BE A STREET ADDRESS)	No change	7	SC SS F
Enter new mailing address, if applicable:	No change		20 PM
(Mailing address MAY BE A POST OFFICE BOX)			3. 93. 93. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
			<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	NA		
New Registered Office Address:	E	nter Florida street aa	ldress
	, 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 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 = Ma MGRM = N	nnager Managing Member		
Title	Name	Address	Type of Action
			Add Remove
	1		Add Remove
	NA		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necesso	10 SECIVETALLIAND
	NA		20 PM 3: 21 SEE FLORIDA
Dated	Sept 15 ,,	<u>za(0</u> .	· ·
	Mark J. Wa	mber or authorized representative of a member Aters yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00