L07000027983

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SECRETARY OF STAFFORM

COVER LETTER

TO: Registration Se Division of Cor					
	WALDEN, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub	-			
	CHRISTINE E. GIORDA	NO			
		Name of Person	 , 		
CHRISTINE E. GIORDANO PLLC					
		Firm/Company			
	3556 S 5600 W, SUITE 1-	-1013			
		Address	<u></u>	18 SEC	
	SALT LAKE CITY, UT 8	34120	LAHA		<u>n</u>
	CEGIORDANO@GMAIL	City/State and Zip Code .COM	SEE, I	RE PE	ILED
For further information of	E-mail address: (concerning this matter, please c	(to be used for future annual report notificall:	ication) LOKIUA	16 PH 3: 22	
CHRISTINE GIORDAN	40	801 201-8037			
Name o	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status	

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

JOHN W. WALDEN, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on ourida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	y Company were filed on 03/14/200	7 and assigned
Florida document number L07000027983		
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
N/A		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation	on "LLC" or the abbreviation ".L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET AD	DRESS)	ASS I
		SEE OF THE
		PR 3:
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		> 2
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our i	records, enter the name of the nev
	<u> </u>	
Name of New Registered Agent: N/A	A	
New Registered Office Address:		
	Enter Florida stree	u 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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TIFFANY A. WALDEN	1019 E HUNTER LANE	■ Add
		EAGLE MOUNTAIN, UT 84005	
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		 	Change
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ective date, if other than the date of filing effective date is listed, the date must be specific and	;;	of Clina and an about 00 da	(optional)	0.E 0.3
te: If the date inserted in this block does not mument's effective date on the Department of S	neet the applicable st	atutory filing requiremen	its, this date will not be li	sted:
record specifies a delayed effective d he 90th day after the record is filed.	late, but not an	effective time, at 12	2:01 a.m. on the ear	lier
SEPTEMBER 20	2018			

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Typed or printed name of signee

Filing Fee: \$25.00